

THESIS



CURRICULUM DEVELOPMENT OF HEALTH EDUCATION FOR NEO-LITERATE WOMEN

**ABSTRACT
THESIS**

SUBMITTED FOR THE AWARD OF THE DEGREE OF

**Doctor of Philosophy
IN
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By

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Enrolment No.Y-3396

THESIS

Under the supervision of

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THESIS



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“CURRICULUM DEVELOPMENT OF HEALTH EDUCATION FOR NEO-LITERATE WOMEN”

ABSTRACT

1.0 INTRODUCTION

Our world is dynamic precisely because of the faith in man's capacity to direct his destiny. It is education, which ultimately results in shaping or transforming the whole society. Education must be a preparation for living, but more than that, this should be a preparation for living well and coherently in the world. All education worthy of the name aspires to become art rather than skill and adult education is devoted to the task of training individuals in the art of transmuting experience into influence. It is the process of educating adults so that they can meet the obligations and become responsible citizens. It helps then to fit in properly in the community and it includes health, child and maternity welfare, recreation and cultural activities, home life, training in citizenship and in economic efficiency.

Since literacy and Development are very much interrelated and interdependent, attempts have been made to integrate both in the programme formulation and implementation in order to ensure effectiveness and efficiency. With a view to ensuring the acquisition of literacy actually enables the neo-literates to participate in various process of national development, messages of basic health care with special emphasis on women must be integrated with literacy activities. Community health problems are in fact social problems to reach the long cherished goal of 'Health for All' everybody needs to play their respective roles.

1.1 HEALTH STATUS OF POPULATION IN BIHAR

Bihar is one of the poorest state in India facing desperate challenges in improving the health of its population, particularly that of its women and children, with 42.6 percent of the population living below the poverty line. Although the state of Bihar spends over 5 percent of its total expenditure on medical and public health, it has not been in a position to meet the basic health needs of its population.

The avowed goal of every society is to move towards a disease free, disability free human life. On this account the performance of Bihar has been rather dismal. Dysentery, typhoid, jaundice, gastroenteritis that could be avoided through primary health interventions continue to take many lives, selecting more of the children and poor. Acute respiratory infections (ARIs), bronchitis, asthma and pneumonia have struck with greater vigour . In North Bihar, prevalence of Kala Azar, Diarrhoea, Tuberculosis, Typhoid, Malaria is very common.

There has been an effective decline in the availability of hospital, beds and nurses. There is one health sub centre for every nine villages in Bihar. Villagers have to travel a distance of nearly 6.0 km to avail of the facility at the public health centre. In 2001, there was one doctor for every 33,347 citizens in Bihar, compared with the national ratio of 1 to 1,855. Approximately 30,000 NGOs are formally registered in Bihar although very few of them are functional in the real sense. There is no proper coordination between NGOs and government.

On the whole, the main barriers to health improvement in Bihar are physical , financial, social and informational .

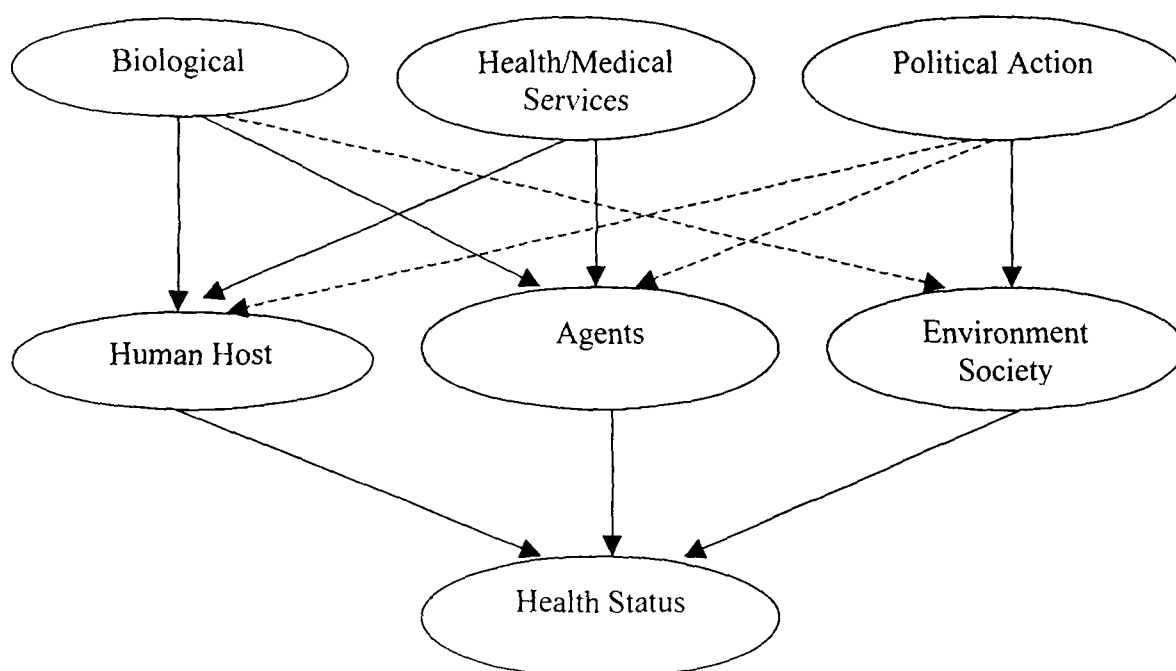
Health service in Bihar today remain inaccessible, unaffordable, inequitably distributed and inappropriate to the needs of women, children, poor, and other vulnerable groups being the most affected. It needs to be

emphasized that the poor health care is primarily not a technical hindrance but it is due to poverty, lack of education and negligible systems, which leads to inadequate health care. Thus, the majority is not able to enjoy the fundamental right to health. Although health problems need to be controlled by evolving an efficient and responsive healthcare services, an appropriate social policy which addresses the poor living conditions and social arrangements could act as a catalyst for health improvement. Health improvement is a complex phenomenon and cannot occur just by isolated inputs. It is mediated by a number of factors which co-exist which needs to be tackled by an action programme.

The intersectional action needs to be recognized for achieving any health improvement in Bihar.

A Model for Inter-sectoral Action

A MODEL FOR INTER-SECTORAL ACTION



This model aims at enhancing the health status of the people. It contains three variable --- Biological. Health/Medical services and Political Action.

The biological variable is linked with the human host. Human host needs consciousness about personal hygiene, reproductive health and range of medical facilities and treatment. Health / Medical services are also associated with the agents (such as researchers, NGOs etc.), and they play an important role in enhancing the health status of the people. The political actions to the environment are also responsible in tackling the health problems.

The health and medical services are not adequate and the sanitation problem is grim. The governmental agencies act only when the problem goes beyond proportion. Therefore, the action by various non-governmental agencies and agents become very important under the context.

1.2 LITERACY CAMPAIGN IN BHOJPUR DISTRICT OF BIHAR

Problems of educational backwardness in Bihar is much larger than probably anywhere else. in India. The literacy rate of the total population in Bihar as per Census 2001 is 47.5 percent, which is lowest in the country. But it is interesting to note that, in terms of rural literacy the leading districts are Bhojpur, Nalanda, Aurangabad and Patna.

The Total Literacy Campaign (TLC) in the Bhojpur district was started on 10th May, 1992 by an NGO working in the field of adult literacy. named as 'Bhor'. On 27th May, 1993 the project has got the approval from National Literacy Mission and the work has been started since 12th August 1993. The prime objective of total literacy campaign was to literate to all the illiterates in

the district under the age group of 9-35, to achieve this target a survey of the total number of illiterate people in the district was done first. According to the survey, 4,95,964 persons were illiterate out of which 2,93,771 were females and 2,02,193 were males. 4,17,377 illiterates were enrolled in the teaching learning centres managed and supervised by 'Bhor'. It was only due to sincere efforts of 'Bhor' 2,58,398 persons had successfully completed Primer III and entered into a new world as neo-literates. Out of these neo-literates the number of males were 1,13,486 and that of females were 1,44,912. This shows that the females were more inclined towards learning than the males, though the number of female illiterates were more than the male illiterates.

The acquired literacy was further needed to have retention and in order to ensure this, Post Literacy Campaign was launched in the district with two main objectives to be fulfilled-

1. To make literate to those who were left under TLC through mopping up.
2. To ensure retention of the acquired literacy.

The third phase of literacy campaign i.e, Continuing Education Programme was launched in Bhojpur district after the successful implementation of Total Literacy Campaign and Post Literacy Campaign. There was an approval of establishing 473 Continuing Education Centres and 77 Nodal Continuing Education Centres in the district. In the first phase of 300 Continuing Education Centre and 30 Nodal Continuing Education Centres commenced their work since July 2002 and till October 2003 the rest Continuing Education Centres and Nodal Continuing Education Centres have been established. The district is presently pursuing the Continuing Education Programme in order to ensure the integrity between literacy and development.

1.3 JUSTIFICATION OF THE PROBLEM

Education for women assumes significance for two reasons. First, it is not only a means to achieve development and fulfil other development goods, but also an important aspect for women's development itself. It is an instrument of social change and transformation, leads to a better perceptions of self and brings about attitudinal changes, thus leading to the empowerment, of women. When an illiterate woman becomes neo-literate she needs follow-up programmes to sustain her memory and enhances her capacity of reading and writing. This further requires properly reached reading materials for the neo-literates, which may make them acquaint with physical, ecological, biological, cultural, social and political affairs of life.

Health of women is an important factor in determining the overall health of the society. If women are not well nourished they are more likely to give birth to weaker babies leading to a higher infant mortality rate. It is also observed that wherever the infant and child mortality is higher the birth rates are also higher which further becomes the route cause of all backwardness. Unless women are literate and enter the continuous reader phase, any community will suffer poor family health, malnutrition and gender discrimination. These facts compel to special focus on women and urgency of health education for them is self realized.

Attempts in the field of curriculum development and health education are generally made at school level. Like school students, it is also essential to develop a well-equipped curriculum for the neo-literate women, directly related to their life experience. Bearing this in mind the researcher feel the need to develop instructional material for neo-literate women, which they will

understand independently. These facts led the researcher to think and select a problem related to health education for investigation.

1.4 SIGNIFICANCE OF THE PROBLEM

Adult education movements should offer vital inputs to bring about the desired changes in the attitudes and perceptions of women without which the “empowerment” and the consequent phenomenon, the world is debating about, become meaningless. The practice of proving the entire learning kit to the women at a time may frighten them and causes their apathy towards learning. Therefore, passing the learning materials as and when required upholds the sentiments and inhibitions of women. The contents of learning material must include short stories of life situations, which must be message giving, interesting and motivating.

Mass illiteracy and lack of nutrition education are the twin problems which stand at the grass root of all development especially that of rural population in our country. Not merely poverty but ignorance is perhaps the most important single factor underlying malnutrition and several diseases. A large proportion of malnutrition could be avoided if people know how to make better use of foods available to them. To improve the nutritional status especially in rural areas it is essential that women should have sound nutritional knowledge, favourable attitude and healthy dietary practices. The main causes of diseases are poverty, lack of education, lack of awareness and unsanitary conditions of living. Thus it was realized by the researcher that the informational barrier to health improvement can be removed by developing a curriculum on health.

Thus, there is an urgency of removing misconceptions of women regarding diets in terms of quantity and quality and their nutritional abilities, proper hygiene and various common diseases which can be kept away with good knowledge of preventions and remedies. It is the great need of time.

1.5 STATEMENT OF THE PROBLEM

Curriculum Development of Health Education for Neo-literate Women.

1.6 DEFINITIONS OF THE TERM

1. Curriculum Development:

Hass, G.O. defines Curriculum Development in his book Curriculum Planning-A New Approach as-

“ Curriculum Development is the process of gathering, sorting, selecting, balancing and synthesizing relevant information from many sources in order to design those experiences that will assist learners, in attaining the goals of the curriculum”.

2. Health Education:

According to the National Conference on Preventive Medicine in USA–

“Health Education” is a process that informs, motivates and helps people to adopt and maintain health practices and lifestyles, advocates environmental change as needed to facilities this goal and conducts professional training and research to the same end”

3. Neo-literate Women:

Neo-literate women are those learners who have acquired basic literacy. They can read and writes independently. According to National Literacy Mission, those who have completed three Primers (I, II and III) are said to be neo-literates.

4. State Bihar:

Bihar is located in North India. It is bounded on north by Nepal, on east by West Bengal, on west by Uttar Pradesh and Madhya Pradesh and on south by Orissa.

1.7. OBJECTIVE OF THE STUDY:

Developing curriculum on health to-

- (i) develop knowledge and basic under standing of health and its allied problems.
- (ii) develop awareness of health and its allied problems.
- (iii) motivate neo-literate women to develop positive attitude, strong feelings of concern for health.
- (iv) develop skills for solving health problems

1.8 DELIMITATION OF THE STUDY

The study is delimited in terms of the sample and content.

1.8.1 sample of the study

A sample of one hundred neo-literate women was selected from three continuing education centres running by a non-governmental organization (NGO) in Bihar. The name of the NGO is 'Bhor'. District

Bhojpur, headquarter 'Arrah' and Block Barkara was taken for the study.

1.8.2 Content of the study

The researcher confined his study to health education that includes-

1. Nutrition
2. General Health Hygiene
3. Different Diseases and their remedies

The number of stories covered under each areas were as follows-

Content Area	Number of Stories
1. Nutrition	9
2. General Health and Hygiene	7
3. Different Diseases and their remedies	4

2.0 DESIGN OF THE STUDY

The procedure is an important phase of research and the design of the study is of prime importance the attacking any research problem in a scientific manner. This study was conducted under three phases-

Description of these phase are as fellows

2.1 The first phase

It can be described under the following points:

2.1.1 Observation of existing bio-physical environment of neo-literates.

2.1.2 Review of existing, post literacy material of neo-literates available at various adult education centres of Bihar state.

2.2 The second phase

This phase involved –

2.2.1 The sample

2.2.2 Collection of Data

2.2.3 Statistical Procedure

2.3 The third phase

This phase involved development of literature for neo-literates which has been described in chapter V.

2.0 The first phase

2.0.1 The researcher made a survey of localities existing nearby the adult education centres.

2.0.2 The researcher made a review of post literacy material available on adult education centres.

2.1 The second phase

2.1.1 The sample

A sample of 100 neo-literate women was selected from continuing education centers running by men governmental organization in Bihar. The name of the NGO is 'Bhor'. District Bhojpur, headquarter – Arrah & block Barhara was taken for the study where three centres named Ghundi, Farna & Barhara village were taken under the study. The simple random sampling method was used to select the sample. The number of neo-literates selected from above mentioned continuing education centres are given below-

S. No.	Name of the center	Number of the neo-literates
1	Ghundi Continuing Education Centre	30
2	Barhara Continuing Education Centre	33
3	Farna Continuing Education Centre	37
Total		100

2.1.2 Collection of Data

A primary source data was gathered in the Barhara block of the district Bhojpur. With the cooperation and coordination extended to the researcher by the secretary, 'Bhor' (an NGO) and the centre coordinators of each continuing education centres of the block, the data collection was successfully carried out. The researcher was instructed to meet the respective centre coordinators for the arrangement of the classes. He met the coordinators and specified the objectives of the study to him and the coordinator arranged the classes. The centres were Ghundi, Barhara and Fama.

The procedure adopted at the time of data collection was that the researcher administered a pre test in the form of a questionnaire with 28th multiple choice items to whole groups of one centre. It was done to know their background knowledge and understanding of the content that they have studied at continuing education centre. On the next day the researcher started to teach the developed curriculum which was in the form of stories. Each and every story was taught everyday. After teaching the story, a post-test (by an evaluative exercise) was done by the neo-literate women. Each and every story was given the same treatment. There fore, the number of days spent to cover all the stories were 20, at each centre.

2.1.3 Statistical Procedure

The pre-post score difference of the whole samples had been shown by comparing their percentage scores in pre-test and post-test. The researcher had made a centrewise comparison first, of pre-test and post-test percentage score and then after this comparison was made for the whole sample.

In the order to show this difference of pre-test and post-test scores statistically the researcher has assumed two samples of same size but with different characteristics.

i.e. n_1 = number of neo-literates whom pre-test percentage scores are taken = 100

n_2 = number of neo-literates whom post-test percentage scores are taken = 100

$n_1 = n_2 = 100$

Now, the researcher has formulated a null hypothesis

$H_0: \mu_1 = \mu_2$ (there is no significance difference between the mean level of scores in pre-test and post-test)

μ_1 = mean of pre-test scores

μ_2 = mean of post-test scores

So, the alternative hypothesis is-

$H_1: \mu_2 > \mu_1$ (the mean of post-test score is greater than the mean of pre-test scores)

Testing of Hypothesis

The researcher has calculated sample means \bar{x}_1 and \bar{x}_2 and sample variances s_1^2 and s_2^2 with the use of a latest computer software package.

With the view to testing the hypothesis, the following normal test statistic was applied.

$$Z = \frac{\bar{x}_1 - \bar{x}_2 - E(\bar{x}_1 - \bar{x}_2)}{SE(\bar{x}_1 - \bar{x}_2)} \sim N(0,1)$$

Where, \bar{x}_1 and \bar{x}_2 be the means of samples of size n_1 and n_2 respectively, $n_1 = n_2$.

$E(\bar{x}_1 - \bar{x}_2)$ = Expected mean difference

$SE(\bar{x}_1 - \bar{x}_2) = \text{Standard error of the mean differences.}$

According to the null hypothesis,

$$E(\bar{x}_1 - \bar{x}_2) = 0, \quad E(\bar{x}_1) = \mu_1$$

$$E(\bar{x}_2) = \mu_2$$

Here
$$Z = \frac{\bar{x}_1 - \bar{x}_2 - E(\bar{x}_1 - \bar{x}_2)}{SE(\bar{x}_1 - \bar{x}_2)} \sim N(0,1)$$

Where
$$SE(\bar{x}_1 - \bar{x}_2) = \sqrt{\frac{\sigma_1^2}{n_1} + \frac{\sigma_2^2}{n_2}}$$

Now, Z becomes

$$Z = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}} \sim N(0,1)$$

If the calculated value of |z| is greater than the tabulated at 5% level of significance, the null hypothesis is rejected, otherwise, accepted.

The effectiveness and the suitability of materials was also judged by determining the Coefficient of Variation (CV) for both pre-test and post test scores by the used of the following formula-

$$\text{Coefficient of Variation (CV)} = \sigma/x \times 100$$

Where σ = standard deviation

3.0 DEVELOPMENT OF THE TEXT

The development of main text of curriculum is a very systematic task which mainly has three stages.

- | | |
|----------|-----------------------|
| Stage 1. | Planning |
| Stage 2. | Preparing of writing |
| Stage 3. | Writing and Rewriting |

Stage 1: Planning

The researcher has followed the following steps at the time of planning of the curriculum:

1. Learners profile
2. Determination of objections
3. Content frame work
4. Media selection
5. Plan to learners support

Stage 2: Preparing for writing

Following sub stages were taken into consideration while preparing for writing.

1. Check up of the resources available at various adult education centre.
2. Sequencing of ideas
3. Activities and feedback
4. Explanations and illustrations
5. Physical format

Stage 3: Writing and Rewriting

In this connection the researcher found a list of norms prescribed by National Literacy Mission. The major points of text writing for adult learners were given in the list. Researcher adopted the same style and following parameters were taken into consideration to develop the text for neo-literate.

S. No.	Parameter	Grade-3
1	Words	Minimum unknown words, avoiding infrequent conjunct letters, words of 5-6 symbols. Font – 20-24
2	Sentences	Up to 12 words
3	Paragraph length	40-50 words
4	Text-length (total number of words in a book)	800-1200 words
5	Illustration's percentage to print area	30-40%
6	Presentation Style	should contain drama, science fiction, how to do style, story, folklore dialogue, songs, kathavachans, jokes, riddles, etc.

The first draft of text was sent to the adult education functionaries, linguistic experts and critical friends. A printed paper was supplied to them. They were requested to write their suggestions on this paper (Appendix-2).

Rewriting of the text

After considering all the suggestions of adult education functionaries and linguistic experts, a final draft of the text was developed by the researcher.

In this draft. Researcher has selected 20 short stories on research area health, which covers nutrition, general health & hygiene and different diseases and their remedies.

The whole description of different stories may be summarized as below:

S. No	Selected Areas	Number of stories
1	Nutrition	Nine (09)
2	General health & hygiene	Seven (07)
3	Different diseases and their remedies	Four (04)
Total		Twenty (20)

Area wise title of the stories

1. Nutrition

This sub area has following nine stories:

- i Behoshi (Unconsciousness)
- ii Dekhbhal (Look after)
- iii Pait Koi Sandook Nahi (Stomach is not a box)
- iv Bimla ka Prann (Vimla's Swear)
- v Aalas (Laziness)
- vi Annotha Suraj (A Unique Boy - Suraj)
- vii Pachhtawa (The Guilt)
- viii Mahengae Par Na Jana (Costly is not always Worthy)
- ix Laparwahi (Carelessness)

2. General Health and Hygiene

This sub area has following seven (07) stories:

- a. Ayesha Badi Ho Gai (Ayesha has grown up)
- ii Jeevan Ester (Living standard)
- iii Sewa Hee Dharm (Service is Worship)
- iv Nuksaan (A Loss)
- v Seekh (A Lesson)

- vi Dard (The Pain)
- vii Pradarshani (The Exhibition)

3 Different Diseases and their Remedies

This sub area has following four (04) stories.

- i Gumsum (Silent)
- ii Apaahij Soach (A Handicapped Thinking)
- iii Rang main Bhangh (Ply in Ointment)
- iv Shararat (Mischief)

The developed text along with exercise is attached herewith .

4.0 Findings Conclusion & suggestions

4.0.1 Finding

- It was found that the neo-literates of each centre had shown a positive difference between post tests and pre-test. The percentage scores of pre tests and post test of each centre had often a marginal difference with the other two centres. It revealed that the efforts of adult educators in ensuring literacy with development were likely to be similar at each centre.
- In order to test the effectiveness of developed curriculum, a null hypothesis was assumed stating that there was no significance difference between the mean level of observations in re test and post test of two samples of same size. By the application of Normal Test, it was found that the null hypothesis was rejected and therefore the alternative hypothesis which states that the sample mean of post tests is greater than the sample mean of pre tests was accepted. This result reflected that there was difference between

pretest and post test performances of the neo-literates and post test performance was better than the pre test performance. This difference was further verified with the application of coefficient of variation. Coefficient of variation for post test scores is less than the coefficient of variation for pre-test score. Hence, post test scores are more homogeneous than pretest scores i.e. post test performances of the neo-literates are better than their pretest performances.

- Mean mindedness the head of the families of neo-literate women is a great hurdle for both the educands and the educators. The family heads had an illusion that if the women of their families attained education, they would incline towards new ventures of modern life which might – be a blow to their old and orthodox cultural and transitional values.
- The researcher had observed that the cultural activities like regional songs on literacy sung by the learners, Jokes and hymens, small skit etc played an important role in creating interest among the learners and in making a successful programme.

4.0.2 Conclusion

It was concluded that –

- (1) The instructions imparted at adult education centres have a significant affect on health and hygiene of neo-literate women. It helps to spread the knowledge about health care and nutrition, thereby enabling women to keep themselves and their families in better health. Enhanced functional literacy levels bring about an attitudinal change towards traditionally entrenched ideas.

- (2) Since neo-literates who have acquired basic literacy skills through Total Literacy Campaign programmes are likely to relapse into illiteracy. Therefore, different strategies for post literacy and continuing education would be evolved and should be used keeping in view the local needs and priorities of neo-literates.
- (3) People should be motivated more and more for life long learning to improve their educational standards and ways of life, so that they will be involved in social decision making at all levels.
- (4) People should be motivated more and more for life long learning to improve their educational standards and ways of life.
- (5) Not only the neo-literates, but their guardians also are required to be motivated to send their women voluntarily and deliberately to the centre of learning. The workers and co-workers associated with the continuing education centre can perform this task by establishing an intimate relationship with the guardians and providing and providing educational accessibility to the neo-literates in a very convenient mode of learning irrespective of little pains and inconvenience to themselves.
- (6) The adult educators from top to bottom don't get incentives or remunerations on time. It causes low spirit and enthusiasm in fulfilling their duties.

4.0.3 Suggestions

The researcher has developed a material on health education for neo-literate women in the form of short stories to make aware of the ways and skills to maintain their health. Similar materials can also be developed further on the following areas –

1. Sanitation
2. Population
3. Environmental Cleanliness
4. Environmental Pollution
5. Chronic diseases like cancer, HIV/AIDS etc.
6. Conservation of Environment
7. Family Planning
8. Food Processing & Preservation
9. Child Health Care
10. Women Empowerment
11. Women Education on preventive measures such as cessation of smoking, avoidance of obesity and increasing physical activity levels.
12. Women Reproductive Health
13. Household management and maximum utilization of Resources
14. Water Management

With a view to bringing improvement in the life situation of the adults all those human factors which are directly or indirectly responsible to glorify their lives should be given prime importance and several studies which have relevancy application and contribution to this needy society must be pursued. The researcher has tried his level best in this regard and has suggested the following studies that can be pursued further.

1. A comparative study of male and female neo-literate with special reference to their cognitive ability and psychomotor skills.
2. A study of the effects of population education based curriculum on the health & living standards of Adult learners.

3. A comparative study of the effects of government and non-government porgrammes on the life pattern of neo-literates and illiterates.
4. A study of the causes and effects of inadequate resources available to the non-governmental organizations and other agencies for successful implementation of continuing education programmes.
5. A comparative study of the reproductive health of men and women in relation to their socio-economic status.
6. An appraisal of the success of family planning programmes and health awareness programmes of the government and non-governmental organizations in south-east Asian Countries.
7. A comparative study of the awareness and attitude towards chronic diseases like cancer, HIV/AIDS among neo-literates and illiterates.
8. A comparative study of the health and living standards of adult learners in relation to their socio-economic status in developed and developing countries.

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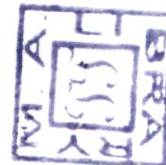
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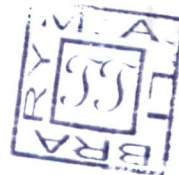
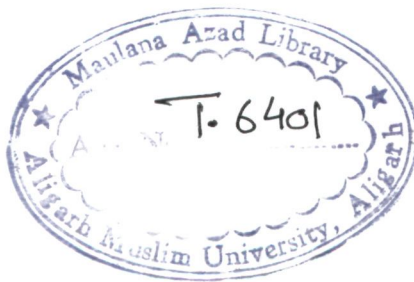


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Dedicated
To
My
Beloved Parents

THESIS

Dr. (Mrs) Nasrin
Senior Lecturer

Phone { External: 701547
Internal: 459 & 461



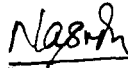
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Dated 31-12-2005

CERTIFICATE

This is to certify that Mr. Ehtesham Anwar, a research scholar in the Department of Education has worked on the topic "Curriculum Development of Health Education for Neo-Literate Women", under my guidance and supervision. The work on which the thesis is based, is an outcome of his sincere efforts. It is his original contribution.

I consider this thesis fit for submission.


Dr. (Mrs) Nasrin
Supervisor

THESIS

ACKNOWLEDGEMENT

I bow in reverence to Almighty, the cherisher and sustainer whose benign benediction gave me the required zeal for the completion of this work.

I have no words to express my deep sense of gratitude to my learned supervisor, Dr. (Mrs.) Nasrin, Senior Lecturer, Department of Education, Aligarh Muslim University, Aligarh for her invaluable guidance and enlightening suggestions through out the course of my research work. It is my privilege to express my heartfelt thanks and regards to her for her sympathetic and encouraging attitude which sustained my interest in the work. Inspite being occupied with her own work in the Department, she always spared time for me and guided me with care.

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Words fail in my vocabulary to express my profound feeling of gratitude to my parents. Though themselves being old and ailing they took all pains and responsibilities in order to facilitate me. It was actually my mother's patience and love, which made my work easy. I am equally indebted to my father whose unlimited blessings and every kind of support can not be repaid.

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CHAPTER –I

1.0 INTRODUCTION

THESIS

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1.0 INTRODUCTION

“Education is that process of development which consists the passage of human being from infancy to maturity, the process whereby he adapts himself gradually in various ways to his physical and spiritual environment”

T. Raymont

Education sharpens the eye of knowledge, develops awareness and makes mind logical. Without proper education, the scope and extent of the process of socio-economic changes can not be understood by a common man and he can not take part in the process of development.

To be educated is not to be informed but to find illumination in informed living. Periods of intellectual awakening are correctly named “enlightenment” for it is then that lovers of wisdom focus the light of learning upon experience and thereby discover new meanings for living¹.

The increased inventiveness will be required to discover the kind of education which will most effectively meet the needs of varying capacities. Our world is dynamic precisely because of this faith in man’s capacity to direct his destiny. And, we still believe with Bacon that the power which gives man this assurance within the order of nature is his capacity for knowledge. Adult education presumes, to serve as one of the means by which the mind may be kept fresh for the assimilation of that knowledge which is synonymous with power. All education worthy of the name aspires to become art rather than skill, and adult education is devoted to the task of training individuals in “the art of transmuting experience into influence”.

Adult education presents a challenge to static concepts of intelligence,

or to the standardized limitations of conventional education and to the theory, which restricts educational facilities to an intellectual class. Therefore, it is an attempt to discover a new method and create a new incentive for learning; its implications are qualitative, not quantitative.

1.1 ADULT EDUCATION IN PRE-INDEPENDENT INDIA

The tradition of adult education in India is as old as the civilization itself. It has existed in India from very ancient days, through the medium of social and religious institutions. The traditional values and knowledge were transmitted from generation to generation. Those institutions were dedicated to mass education and did their best for the general intellectual growth of the community. They did not flourish under the state patronage.

With the emergence of a new pattern of education in the British Rule, adult education slowly became geared to economic activities and State Policy. So, there were two demarcated periods in the history of Indian adult education movement, the first movement began from 1875 and ended in 1920 when the Non-Cooperation movement was started by the Indian National Congress.² Adult Education activities during that period were initiated by the various Social Reform Movements and that period was called the Era of Social Reforms.

The second period which began in 1920 and ended in 1939 with the resignation of the Congress Ministries of the Provinces of India was designated as Era of Mass Movement. The third period which began in 1989 and ended in 1947 was called the Era of Emergency of Adult Education³.

The Adult education in literacy sense was given a prominent place

after the suspension of the Non-Cooperation movement. The enlargement of franchise under the Government of India Act, 1919, stimulated interest in adult literacy and the then Provincial Governments launched their programme of adult education as a part of rural reconstruction. In every part of India groups of people were organized to conduct literacy classes for illiterate adults. Punjab Govt. for the first time, i.e. in 1921-22 made provision in the budget for adult literacy and opened Night schools in the province.

Adult education received recognitions and encouragement as a movement in India for the first time under Congress Ministries in 1937-39. Prior to 1937, the literacy campaigns, though not of much quantitative importance, helped to create public interest in the problem. In 1937, with the advent of Congress ministries in the provinces, large scale campaigns to liquidate adult illiteracy were launched, but the enthusiasm petered out after the resignation of the ministries in 1942.

The Central Advisory Board of Education in 1939, appointed a Committee of Adult Education which recommended that the objectives of the movement should be to teach the illiterate adult the three Rs and to impart knowledge closely correlated to his working life and give him a grounding in citizenship. The Board incorporated several recommendations of the Committee in its Report on the Post War Educational Development⁴.

The post war Educational Development Plan, prepared in 1999 by Sir John Sargent, the then Educational Adviser, Government of India provided for adult education, both vocational and non-vocational for 9 crores of people of the age group 10-40years. But as the Indian had plunged head long into the national, struggle for freedom, all development plans were brushed under the rug.

1.2 POST INDEPENDENCE PROGRAMME OF ADULT EDUCATION IN INDIA

The advent of independence in 1947 gave a fresh impetus to the philosophy and outlook on adult education. The first Union Minister of Education, Maulana Abul Kalam Azad, in 1949 changed the concept of adult education to social education with a five point programme covering:-

- (a) Eradication of adult illiteracy
- (b) Betterment of health and sanitation
- (c) Education for democratic citizenship
- (d) Improvement of economic condition
- (e) Productive use of leisure through cultural, recreational and aesthetic activities

The first National Seminar in the field of 'Social Education' was organized by the I.A.E.A. (Indian Adult Education Association) in 1950 at Jabalpur in Madhya Pradesh following the UNESCO seminar held in Mysore, 1949. The subject of the seminar was "Organization and Techniques for Liquidation of Illiteracy⁵".

After independence a new beginning was made for the balanced and multi-dimensional development of the nation in order to achieve the desired objective under the Five Year Plans. From the year 1953-54 the Department of Education, Government of India has been promoting the adult education programmes through voluntary agencies along with the efforts of government. The main programmes included in this were running of literacy centres, preparation of adult education literature, organization of library services under follow up programme, etc.

A few voluntary agencies have done laudable work, but the attempts of such agencies have been meagre and limited to specific areas only.

Apart from the activities performed under these five-year plans, certain special projects have also been conducted. "Gramin Shikshan Muhim Project" was implemented in the year 1959 in the Satara district of Maharashtra and it was extended to 25 districts of the state within a period of two years (1961-63) and 10 lakh adults of the age of 14 years and above were made literate. The literacy rate there was 34.2 percent in 1961 which became 44.9 percent in 1971 but the survey carried out later by the Planning Commission made it clear that there was a widespread relapse of the adults made literate to illiteracy for the lack of well organized follow-up services. It was a very disappointing state of affairs for this project and endeavour.

'Farmers' Functional Literacy Scheme' was auspiciously launched in the years 1967-68. Three government departments were affiliated to this project- Education, Agriculture and Information. This programme was evaluated in the year 1977-78 by a committee formed under the chairmanship of Shri J.C. Mathur. It was obvious from the report of the committee that the co-ordination of the three departments had been far from satisfactory arrangement of supervision was not proper and the budget allocated for each district was too meager, but still the committee believed that the above project was useful for the farmers and hence it was wise to spread it by all means and arrangements should be made for follow up services. A Non-Formal Education Programme was launched in the year 1975-76 to impart education to youth and adults. It aimed at providing need based education to weaker sections of the society. This programme was meant to operate a hundred

centres in the selected districts. Sixty districts had been covered under this by the end of session 1977-78, but the financial allocation for this was also insufficient, supervisory arrangement was not satisfactory and the organization of monitoring and evaluation was also inadequate.

1.2.1 NATIONAL ADULT EDUCATION PROGRAMME

Three decades after the programme of adult education as social education was mooted, the Government of India formulated in 1978 an adult education programme, which was markedly different from the earlier attempts in that it proposed to link adult education to development. Called the National Adult Education Programme (NAEP)⁶, it was designed with the objective of providing to approximately 100 million illiterate persons in the age group 15-35, skills for self directed-learning leading to self-reliant and active role in their own development and in the development of their environment. NAEP, therefore, was seen as a means to bring about a fundamental change in the process of socio-economic development.

In addition to basic literacy as an indispensable component, NAEP included two more components, i.e., functionality and 'awareness', since literacy was visualized as the primary focus, NAEP, was implemented through literacy centres that provided 350 hours of literacy instruction spread over a period of 9-10 months. It was also envisaged that 35 million illiterate adults would be made literate in the first five years, after which the programmes would be diversified, aimed at creating a learning society with life long education as a cherished goal.

The concept of post literacy was elaborated in the recommendations of

the Review Committee on the NAEP. Set up after only eighteen months from launching of NAEP, the Committee submitted its report in early 1980. The Committee recommended a three-stage programme spread over a period of three years. The first stage of 300-350 hours of basic literacy spread over a period of one year, followed by the second stage of 150 hours spread over a period of one year for reinforcement of literacy skills together with functionality, and the third stage of 100 hours over a period of one year for achievement of self reliance in literacy and functionality. It may be noticed that the three stages actually concentrate on literacy, taking the learners from basic literacy to self-reliant literacy. The focus is literacy, and post literacy and follow-up stage come after the self-reliance in literacy is achieved.

1.2.2 MASS PROGRAMME OF FUNCTIONAL LITERACY

Under the Adult Education Programme ‘Mass Programme of Functional Literacy’ was launched on 1st May, 1986⁷ as a new approach. Under this new approach the Universities were instructed to ask their students to start ‘Mass Programme of Functional Literacy’ on voluntary basis in their long vacations. The students will be those registered under National Service Scheme and those non-National Service Scheme students also who can be involved in the work of eradication of illiteracy.

1.3 ADULT EDUCATION DURING FIVE YEAR PLANS

During the First Five Year Plan a large number of social education training camps were organized for village level workers and other functionaries. The Social Education Programmes were jointly implemented

by the Central and State Governments. The Ministry of Education and the Ministry of Community Development shared the responsibility of planning and monitoring the social education programmes at the national level again. A sum of Rs. 5 crores was provided by the Central Government for Social Education which included literacy centres, community centres, libraries and Janta College. The State Education Departments enrolled 55 lakhs in adult literacy centres and the State Community Development Departments organized 12 lakhs literacy classes. The Committee on Plan Projects considered that out of them 35 lakh might have attained literacy⁸.

In the Second Five Year Plan (1956-61), a sum of Rs. 5 crores was provided by the Central Government for Social Education and another amount of Rs. 10 crores for this under Community Development Programmes. A review of the achievements of Community Development Blocks as regards Social Education reveals that during the 2nd plan a total expenditure of about Rs 10 crores was incurred and 1,62,000 literacy centres were organized for making 40, 00,000 adults literate⁹.

The 3rd Five Year Plan (1961-66) witnessed a new approach in the field of Social Education as the first attempt was made for integrating literacy with functional training of adults for making their education more effective. As eradication of illiteracy was emphasized in the entire Social Education schemes literacy rose from 17 to 24 percent during the first decade of planning. A total sum of Rs 25 crores for social education and another sum of Rs 19 crores under Community Development Programme were provided in the 3rd plan, but there was substantial cut in this provision and adult education was affected seriously due to Chinese aggression. Many voluntary

organizations however made outstanding contributions in the field. Important of them are Gram Shikshan Mohim in Maharashtra, Mysore State Education Council, Bombay City Social Education Committee, Bengal Social Service League, Indian Council of Churches, Ramkrishna Mission, Literacy House, Lucknow etc¹⁰.

Due to heavy pressure on resources on account of Chinese War, 4th Plan (1969-74) could not be prepared and annual plan were implemented during 1966-67, 1967-68 and 1968-69. The total plan allocation for adult education during this period was 2.1 crores. The salient feature of adult education programme during this period was Farmers Functional Literacy Project which was introduced in 1968 by Government of India. Attempt was made to link education with development particularly for increasing production. The Project was jointing implemented by the Ministries of Agriculture, Education, Information and Broadcasting. The Farmer Functional Literacy was highlighted and extended to more districts in various states during this plan period. The establishment of the National Board of Adult Education (NBAE) in 1970 was one of the significant feature of the 4th Five Year Plan period. This Board aimed at coordinating the programmes of adult education between various State Governments and the Central Government, on the one hand and among different Ministries of Government of India on the other. Besides, special efforts were made for production of suitable literature for neo-literates¹¹.

The Vth Five Year Plan (1974-78) period was crucial for the country's development, important for the further rethinking and reorientation of the education system in general and for better conceptualization and development

of adult education in particular.

This Plan came to an end one year earlier than the total duration of the Plan i.e., started in 1974 and ended in 1978, due to change of the ruling party at the central level. By the time Farmer's Functional Literacy Project covered about 150 districts which showed an improvement in agricultural practices of those who participated in it. During 1975-76, a new project "Non Formal Education Programmes" for the age group 15-35 years was launched for providing education related to young people's needs, aspirations and local conditions. A sum of Rs. 18 crores was allotted for the purpose during this plan period and it was reduced again due to difference in opinion of the planners. The term "Adult Education" or "Social Education" was replaced by "Adult Literacy" in the plan document and in this way the broad concept of adult education was narrowed down to the teaching of 3 Rs. to the adults.

The Janta Government at the centre was dissatisfied with the progress of adult education and implemented annual plans for the year 1978-79 and 1979-80. The Central Government chalked out and launched the National Adult Education Programme (NAEP) since 2nd October, 1978. The NAEP emphasized the following objectives:

- i Imparting literacy skills to persons belonging to the economically and socially deprived sections of the society.
- ii Creating an awareness in helping them overcome their helplessness and to achieve self reliance, and
- iii Raising their functional capabilities in their occupations and skills of management to their occupations and skills of management to their own advantage as a group¹².

During the VIth Five Year Plan (1980-85) the NAEP was reviewed due to change in Government at the Central level in 1980 and the allocation was reduced to Rs. 128 crores. The Central Government set up a high power committee under the Chairmanship of Dr. D.S. Kothari to assess the progress of the NAEP and suggest improvements. On the basis of the report submitted by the Committee in 1980 emphasis was laid on the minimum essential education to all citizens and technocracy was used as an important instrumental skill for the age group 15-35 years.

“New 20-point Programme” inter-alia lays emphasis on the involvement of students in the programmes for the eradication of adult literacy. Work based curriculum was given top priority and education of the weaker sections of the community was laid emphasis. During the 6th Plan, the total allocation of Rs. 200 crores was made and it was 10 percent of the total educational outlays as against 18 crores or 1.4 percent in the 5th Plan ¹³.

Eradication of adult illiteracy and the development of a programme of continuing adult education is a major thrust area of the VIIth Five Year Plan (1985-90).

“The Challenge of Education, A Policy Perspective” document published by the Ministry of Education (1985) provided the basic data for nation wide deliberation and for evolving the National Policy on Education, 1986. It mentioned that the literacy rate during the post independence has increased from 16.67 percent in 1951 to 36.23 percent in 1981. There, was glaring disparity between male and female literacy (male-46.9%, female 24.8%).

This was more accentuated in rural areas than in urban areas. Kerala had the best literacy percentage (70.4) while the lowest percentage was in Rajashtan (24.38%).

The task of covering all the illiterates in the age group 15-35 years by 1990 is a formidable one. As motivation of learner is crucial for success and the number to be covered is about 80 million, the strategy to achieve the goal can only be through mass movement involving social institutions, voluntary organizations, students, teachers, employers and the community. This programme (Continuing Adult Education) also had to be linked effectively with various development programmes especially the Integrated Rural Development Programme (IRDP), the programme of Nehru Yuvak Kendras (NYK) and the National Service Scheme (NSS)¹⁴.

During the VIIIth Five Year plan various new approaches to adult literacy were undertaken. The Programme of Action (POA) 1986 envisaged a new National Programme of Adult Education (NPAE) emphasizing skill development, creating of awareness among the learners of the national goals of development programmes and for liberation from oppression. It therefore checked out a phased time bound programme covering approximately 40 million by 1990 and another 60 million by 1995. with the launching of the National Literacy Mission (NLM) in 1988 the targets were reformulated. Accordingly 3 crores illiterates were expected to be covered by 1990 and 5 crores by 1995. The main feature of the implementation strategy consists of the following.

- (i) Reorganization of existing programme to introduce flexibility and

other measures for greater effectiveness.

- (ii) Establishing linkages between adult education and the developmental programmes.
- (iii) Launching of mass functional programmes
- (iv) A multi-dimensional programmes of continuing education as the instrument for moving towards a learning society.
- (v) A distinct slant in favour of womens equality and taking of all measures in pursuance of this resolve.

Adult education programmes were closely linked with developmental programmes by producing suitable literature, energizing ICDS, NYS and integrating adult education programmes with the activities of various agencies. Mass Functional Literacy Programmes were activated through various means and methods. Continuing Education was emphasized by post literacy programmes for neo-literates. POA, therefore, suggested for the establishment of Jana Shikshan Nilayams (JSN) for clusters of villages by providing facilities of library reading rooms, Charcha Mandals, cultural activities, radio and TV etc. The greatest attention was paid to preparation of good learning materials, teachers' guides to training and research by strengthening State Resource Centre (SRC) District Resource Centres, District Institutes of Education and Training (DIETs) and other organization¹⁵.

The main objective of the Ninth Plan (1997-2002) is to make 100 million adults in the age group 15-25 literate by 1998-99. The thrust of the strategy included.

- i) Decentralization and disaggregated planning and implementation.
- ii) Devolution of authority to State Literacy Mission Authorities.
- iii) Empowerment of local bodies particularly the Panchayati Raj Institution, so as to make adult education a people's programme, focus on the needs of special groups like Scheduled Castes, Scheduled Tribes and minorities.
- iv) Reduction of disparities between males and females and urban and rural areas etc.

It is proposed to cover 90 uncovered districts under literacy campaign and 300 districts under the post literacy campaigns, particularly in states like Arunachal Pradesh, Nagaland, Mizoram and Sikkim and the Union Territories of Lakshadweep and Andaman and Nicobar Islands which have so far not been covered under the programmes.

The post literacy phase laid emphasis on skill development. Those who wish to pursue further education will be able to enroll in courses offered by the National Open School and the State Open Schools. It was proposed to set up to continuing education centre to serve a population of 1500-2000 and 500 neo-literates through the agencies of Zila Saksharta Samitis. In the field of adult education, the National Literacy Mission is in place with clear focus and medium term goals¹⁶.

The Xth Plan (2002-07) targets for adult education are-

- i) To achieve full literacy, i.e., a sustainable threshold level of 75% by 2005
- ii) To cover all left over districts by 2003-2004

- iii) To remove residual illiteracy in the existing districts by 2004-2005
- iv) to complete Post Literacy campaign in all districts
- v) To launch Continuing Education Programmes in 100 districts by the end of the plan period.

It is realized that the greater participation of social groups among whom literacy rates are low, in the adult education programmes is most important. To consolidate the already sanctioned TLC projects to ensure their successful completion is indispensably required. It is envisaged basic teaching learning activities would be to integrated with the post literacy activities to ensure a smooth transition from TLC to PLP. Special focus has to be given to problem of disadvantaged groups like SCs/STs and women.

Regional disparities and special problems of low literacy states like U.P., Bihar, Rajashtan, M.P., Andhra Pradesh, Jammu & Kashmir, Jharkhand and Chhattisgarh have to be given greater attention. Priority must be given to the states where the literacy rate is below the national average and low female literacy districts.

With the rapid expansion of TLCs and PLPs, the demand for skill development has increased. Therefore, the Jan Shikhan Shikshan would aim at improving the effective skills and the quality of life of its beneficiaries¹⁷

1.4 NATIONAL LITERACY MISSION

In the foreword of the Seventh Five Year Plan the then Prime Minister of India Shri Rajiv Gandhi has observed,

“Development is not just about factories, dams and roads. Development is basically about the people. The goal is the people’s material,

cultural and spiritual fulfilment. The human factor, the human context, is of supreme value. We must pay greater attention to these questions in future.”

Literacy is an indispensable component of human resource development. It is an essential tool for communication and learning, for acquiring and sharing of knowledge and information, a pre condition for an individual’s evolution and growth and for national development.

Promotion of literacy has been identified as one of the five national Missions with a view to applying technology and scientific research for the benefit of the deprived sections of society and the areas, which are critical to the country’s development. The National Literacy Mission¹⁸ is a Societal Mission, which implies that there is a political will at all levels for the achievement of Mission goals.

Table 1.1

A comparative literacy status between all age groups people between 15-35.

(In million)

		All age groups		Age-group 15-35 years	
		1951	1981	1951	1981
1	Number of Illiterates	300	437	91	110
2	Number of Literates	60	247	27	111
3	Literacy Percentage	16.67	36.27	22.7	50.0

Source: National Literacy Mission, M.H.R.D. (Education) Government of India 1988.

That a national consensus can be created for mobilization of social forces, and mechanisms can be created for active participation of the people

through energisation of their latent potential with the ultimate objective of promoting a qualitative change in their living and working conditions.

National Literacy Mission is based on thorough analysis of the strengths and weaknesses emanating from reports of evaluation of Adult Education Programme. The Mission had an objective to impart Functional Literacy to 80 million illiterate persons in the 15-35 age group – 30 million by 1990 and additional 50 million by 1995¹⁹. The NLM will concentrate on the 15-35 age group which is crucial for the country's development. The focus of NLM would be on rural areas, particularly women and persons belonging to SCs and STs

Table 1.2

Infant Mortality Rate by Education of Women.

(per thousand)

Educational level of women		Infant Mortality Rate	
		Rural	Urban
1	Illiterate	145	88
2	Literacy but below Primary	101	57
3	Primacy and Above	71	47
4	Total Literate	90	50

Source: National Literacy Mission, M.H.R.D. (Education) Government of India 1988.

Thus, as a technological mission it has been harnessing and utilizing the findings of scientific and technological research for the nation, a particularly for the benefit of the deprived sections o the society.

1.5 PRESENT STATUS OF ADULT EDUCATION IN INDIA

As per Census 2001, the literacy rate among the population seven years and above for the country stands at 65.38 percent. The corresponding figures for males and females are 75.85 and 54.16 percent respectively.

The literacy rate of India increased considerably during the decade 1991-2001. The literacy rate which was 18.33% in 1951 rose to 64.38% in 2001. During the decade, female literacy rate has shown much higher growth, increasing by 14.8% percentage points as against 11.72 for males, thus reducing the male female differential in literacy rate from 24.34 in 1991 to 21.69 in 2001.

Table 1.3

Literacy rates : 1951 – 2001

Year	Age group	Persons	Males	Females	Male female gap in literacy
1951	5+	18.33	27.16	8.86	18.30
1961	5+	28.31	40.40	15.34	25.06
1971	5+	34.45	45.95	21.97	23.98
1981	5+	41.42	53.45	28.46	24.99
1981	7+	43.56	56.37	29.75	26.62
1991	7	52.21	64.13	39.29	24.84
2001	7	64.38	75.85	54.16	21.69

Source: Annual Report 2001- 2002, Literacy Post Literacy and Continuing Education, Programmes in India, National Literacy Mission.

Number of Persons made Literate by NLM since its Launching in 1988

The total number of person made literate till March 2002 under various schemes of NLM like Adult Education programme Akshora

Sankranthi Programme of Andhra Pradesh, RFLP, VA's NYKs, MPFL etc and total literacy campaigns was 1022.87 lakhs. . the achievement under total literacy campaigns was 770.94 lakhs.

Table 1.4

State/Ut Wise Number of Persons Made Literate (1988- march 2002)

(in lacks)

S. No.	State/ UT	Other schemes (Exceeding TLC)	TLC	Total
1	Andhra Pradesh	61.08	80.45	141.53
2	Arunachal pradesh	0.80	0.00	0.80
3	Assam	8.44	12.91	21.35
4	Bihar	29.72	33.98	63.70
5	Chhattis Garh	0	32.10	23.10
6	Goa	0.21	0.50	0.71
7	Gujarat	20.07	40.99	61.06
8	Haryana	0	7.36	7.36
9	Jammu & Kashmir	1.28	4.32	5.60
10	Himachal Pradesh Jammu & Kashmir	2.70	0	2.70
11	Jharkhand	0	10.66	10.66
12	Karanataka	5.86	56.66	62.41
13	Kerala	2.15	13.45	15.60
14	Madhya Pradesh	15.40	63.49	78.89
15	Maharashtra	20.44	55.59	76.03
16	Manipur	0.90	0	0.90

17	Meghalaya	0.84	0.39	1.23
18	Mizoram	0.64	0	0.64
19	Nagaland	0.63	0	0.63
20	Orissa	3.43	30.89	34.32
21	Punjab	3.34	5.63	8.97
22	Rajasthan	12.31	62.27	74.58
23	Sikkim	0.27	0	0.27
24	Tamilnadu	9.32	68.95	78.27
25	Tripura	0.81	3.86	4.67
26	Uttranchal	0	5.09	5.09
27	Uttar Pradesh	40.12	87.64	127.76
28	West-Bengal	7.19	100.50	107.69
29	A&N Islands	0.14	0	0.14
30	Chandigarh	0.17	0.25	0.42
31	D&N Haveli	0.07	0.004	0.074
32	Daman & Diu	0.03	0.005	0.035
33	Delhi	3.45	1.11	4.56
34	LAKSHADWEEP	0.01	0	0.01
35	Pondichery	0.11	1.00	1.11
	Total	251.93	770.99	1022.87

Source: Annual Report (2001-2002) Literacy, Post Literacy and Continuing Education Programme in India, National Literacy Mission.

The Government of Andhra Pradesh is implementing Akshara Sankranthi Programme under three phases. The first phase of Programme was

started in 2000-01. The director of Mass Education, Govt. of Karnataka also informed that eleven districts have made 0.48 lakh learners literate during 2001-02 in Continuing education programme under residual Illiteracy²⁰.

STATUS OF TOTAL LITERACY CAMPAIGNS, POST LITERACY PROGRAMME AND CONTINUING EDUCATION PROGRAMME

(A) Status of Total Literacy Campaigns (TLC):

The status of total literacy campaigns, post literacy programme and continuing education programme till March 31, 2002 has been analyzed in the following three sections.

- (a) State /UT wise analysis of total literacy campaigns with respect to target enrolment and achievement.
- (b) State / UT wise analysis of post literacy programmes with respect to proposed/targeted number of neo-literates enrolment and number of PL Book -I Completers .
- (c) Status of Continuing Education Programme with respect to number of NCECs/ CECs sanctioned/ established and the beneficiaries.

On the basis of door –to door survey, the total target of non-literates covered/ to be covered under literacy campaigns till March 2002 was 1352.86 lakhs in twenty-five State and four Union Territories. Out of this target, it has reported that 1082.21 lakh (79.99%) have been enrolled. The number of Primer-III completers is 770.46 lakhs (56.95%)²¹.

Table 1.5

The State / UT wise target, enrolment and achievement of learners

S. No.	State / UT	Target after survey	Effective enrolment	No. of primer-III completers
1	Andhra Pradesh	144.28	128.44	80.45
2	Assam	42.84	30.01	12.91
3	Bihar	105.92	54.68	33.98
4	Chhattisgarh	34.26	9.31	23.10
5	Goa	1.01	1.01	0.50
6	Gujarat	69.45	46.11	40.99
7	Haryana	25.04	16.69	7.36
8	Himachal Pradesh	7.21	6.18	4.32
9	Jammu & Kashmir	0.57	0.27	0.00
10	Jharkhand	29.16	21.81	10.66
11	Karnataka	77.23	66.28	56.07
12	Kerala	24.17	17.82	13.45
13	Madhya Pradesh	93.87	80.32	63.49
14	Maharashtra	68.73	64.73	55.59
15	Manipur	0.54	0.03	0.00
16	Meghalaya	1.38	0.57	0.39
17	Orissa	08.06	58.12	30.89
18	Punjab	21.55	12.98	5.63
19	Rajasthan	90.70	79.51	62.27
20	Tamilnadu	90.17	84.78	68.95
21	Tripura	4.90	4.42	3.86
22	Uttaranchal	8.19	7.49	5.09
23	Uttar Pradesh	198.68	165.49	87.64
24	West Bengal	136.49	118.22	100.50
25	Chandigarh	0.53	0.38	0.25
26	D&N Haveli	0.29	0.11	0.004
27	Daman & Diu	0.02	0.02	0.009
28	Delhi	6.59	5.43	1.11
29	Pandicherry	1.10	1.00	1.00
	Total	1352.86	1082.21	770.46

Source: Annual Report (2001 –2002) Literacy, Post Literacy and Continuing Education Programme in Indian, National Literacy Mission.

(B) Status Of Post Literacy Progarmme:

On the basis of the information furnished by the State Directorates of Adult Education, target of neo-literates to be covered under post literacy programme is 660.35 lakhs. The target from some of the newly sanctioned districts is still awaited.

Neo- literates reportedly enrolled by PL Programme: The number of Neo-literates who are reported to have completed PL Book I is 347.24 lakhs which is 52.58 percent of the target.

Table 1.6

Status of Post Literacy Programme as on March 2002 (in Lakhs)

S.No.	State/ UT	No of Districts covered	Porosed no. of Neo-literates	No. of Neo-literates Enrolled	No. of Neo-literate wino completed PL Book-I
1	Andhra Pradesh	23	75.68	62.05	44.26
2	Assam	10	7.63	4.10	3.48
3	Bihar	14	31.04	15.20	6.41
4	Chandigarh	1	0.35	0.26	0.26
5	Chhatisgarh	7	15.10	9.28	4.34
6	Daman & Diu	1	NR	NR	NR
7	Gujarat	25	32.69	31.44	25.75
8	Haryana	8	4.15	2.28	0.73
9	Himachal Pradesh	12	5.52	3.51	2.30
10	Jharkhand	5	11.95	5.82	4.97

11	Karnataka	27	53.11	35.80	22.85
12	Kerala	14	12.22	11.00	4.01
13	Madhya Pradesh	27	40.80	38.53	11.45
14	Maharashtra	30	41.57	33.30	28.67
15	Orissa	16	28.66	23.03	15.90
16	Pondicherry	4	1.00	1	1
17	Punjab	8	4.81	4.18	0.73
18	Rajasthan	32	66.49	50.32	33.50
19	Tamilnadu	29	76.05	66.93	51.80
20	Tripura	4	3.92	3.50	3.26
21	Uttaranchal	12	3.94	3.94	0.75
22	Uttar Pradesh	53	55.74	52.81	30.51
23	West Bengal	16	87.93	72.46	50.31
	Total	378	660.35	530.74 (80.37%)	347.24 (52.58%)

Source: Annual Report (2001-2002) Literacy, Post-literacy and Continuing Education Programme in India, National Literacy Mission.

(C) STATUS OF CONTINUING EDUCATION

The continuing education scheme provides a learning continuum to the efforts of TLCs and PLPs and has been sanctioned to 154 districts till March 2002. Under the scheme, the main thrust is given to setting up Continuing Education centres (CECs) and Nodal Continuing Education Centres (NCECs) which function as focal points for providing learning opportunities and facilities such as library, reading room, learning centers, sports centres;

cultural centres and other programmes catering to individual aptitude..

One of the major component of continuing education programme is to tackle the problem of residual illiteracy in continuing education districts. In these districts basic literacy and post literacy programmes will be taken up along with continuing education activities. As per Planning Commission 10th Five Year Plan document, it is stated that performance in the field of education is one of the most disappointing aspects of Indian development strategy. Out of approximately 200 million children in the age group 6-14 years, only 120 millions are in schools and the net attendance in the primary levels is 66% of enrolment. It is possible that some of these children will also become client of basic literacy programme in continuing education phase during the course of time

Table 1.7

Continuing education programme has been sanctioned to 22 states/ UTs covering 154 districts. Following table shows the number of CE districts state/UT-wise

S.No	State/ UT	No. of District Covered	NCECs Sanctioned	NCECs Established	CECs sanctioned	CECs Established	No. of Beneficiaries (in lakhas)
1	Andhra Pradesh	20	2183	1568	16531	13079	52.24
2	Bihar	2	162	NR	1625	NR	NR
3	Chandigarh	1	40	40	360	360	0.50
4	Chhattisgarh	1	180	180	1153	1820	0.45
5	Gujarat	12	755	469	6902	4341	4.61
6	Haryana	1	41	41	370	370	0.54

7	Himachal Pradesh	1	52	52	465	465	1.10
8	Jharkhand	2	85	85	765	763	0
9	Karnataka	18	975	755	9139	6982	21
10	Kerala	14	500	495	3500	3457	69.16
11	Madhya Pradesh	1	92	92	826	826	1.09
12	Maharashtra	17	1037	485	9503	4258	10.65
13	Mizoram	8	40	40	360	360	0.34
14	Orissa	3	170	NR	1736	NR	NR
15	Pondicherry	4	28	18	172	164	0.63
16	Punjab	1	130	NR	1000	NR	NR
17	Rajasthan	9	949	689	7335	5271	12.32
18	Tamilnadu	18	1017	379	8252	2455	14.60
19	Tripura	4	122	113	1227	1189	NR
20	Uttaranchal	2	53	NR	538	NR	NR
21	Uttar Pradesh	7	760	NR	7183	NR	NR
22	West Bengal	8	2452	2339	19860	17325	41.12
	Total	154	11823	7840	98802	63485	229.75

Source: Annual Report (2001-2002), Literacy, Post Literacy and Continuing Education Programme in India, National Literacy Mission

It can be seen from above table that continuing education programme was sanctioned during the year to districts of Bihar (2 districts) Gujarat (1 district) Jharkhand (since Dumba which was already sanctioned CEP a new district ie Jamtara was carved out of it), Karnataka (6 Districts), Maharashtra (8 Districts), Orissa (3 Districts), Tripura (4 Districts), Uttaranchal (2 districts), Uttar Pradesh (5 Districts), and West Bengal (1 district).

As per information furnished by the State Directorates of Adult Education till March 2002, 7840 NCECs have been established out of the sanctioned 11,823 NCECs which works out to 66.31%. It is also reported that 63485 CECs are being run out of 98802 CECs sanctioned, which again works out to 64.25%²¹.

During the year, Karnataka has reported that 0.48 lakh illiterates have been made literate under residual illiteracy during CE phase.

1.6 PROGRAMMES FOR NEO-LITERATES

(Jan Shikshan Nilayam (JSN))

In 1980, the Review Committee on National Adult Education Programme (NAEP) had recommended a three year literacy programme. This was not accepted. Instead a 4 month literacy programme was launched in 1982. National Policy on Education (NPO) and Programme Action (POA) in 1986 had stipulated that for a successful programme of adult education, it was important to provide for post literacy and continuing education. In response to this the scheme of Jan Shikshan Nilayam was launched in 1988. The Jan Shikshan Nilayam (JSN) was conceived as permanent institution located in the rural areas. It was planned to establish one Jan Shikshan Nilayam for a population of adult 5000 people, and was supposed to serve a cluster of four to five villages for post literacy need to the neo-literates who had completed the 300-350 hour one year literacy programme in an adult education center. The intention behind establishing Jan Shikshan Nilayams all over the country in a phased manner was to institutionalize the post literacy and continuing education programme and coverage various activities at one nodal centre. Jan

Shikshan Nilayams in included programmes which were being organized as part of formers training programmes, rural radio forum, youth clubs, women's groups (mahila mandal) mobile and village library system and rural reading rooms²².

Continuing Education Centre (CEC) & Nodle Continuing Education Centre (NCEC).

The National Literacy Mission had designed a scheme of Continuing Education (CE) for neo-literates which came into force on January 1, 1996. The main objective of the scheme is to institutionalize continuing education for neo-literates, which is achieved by establishing Continuing Education Centres (CECs). The scheme provided for flexibility in designing and implementation of Continuing Education (CE) programme in order to cater to the needs of the neo-literates. This scheme has divided the CE programme manly into four categories.

(i) **Equivalency Programmes (EPs):**

Designed as alternative education programmes equivalent to existing formal, general or vocational education.

(ii) **Income Generating Programmes (IGPs):**

Participants acquire or up goods vocational skills enabling them to take up income generating activities.

(iii) **Quality of Life Improving Programmes (QIPs):**

This aims at equipping the learners and the community with the essential knowledge, attitude, value and skills both as individuals and members of the community.

(iv) **Individuals Interest Promotion Programmes:**

This provides opportunities for individuals to participate in and learn about their own chosen, social, cultural, spiritual health, physical and artistic interests²³.

1.7 LITERACY STATUS IN BIHAR FROM INDEPENDENCE TO PRESENT

The dimension of the problems of educational backwardness in Bihar is much larger than anywhere else in India. Between 1951 and 1991, a span of forty years, the literacy in Bihar has gone up by a mere 15 percentage points, in contrast to an increase of 38 percentage points for India. Bihar, along with Madhya Pradesh, Rajasthan and Uttar Pradesh, form the infamous Hindi-belt where the social development in general and status of literacy in particular are the lowest. Within this region again, the literacy is the lowest in Bihar.

Table- 1.8

Literacy Rates in India and Bihar (1951-91)

Year	India			Bihar		
	Male	Female	Person	Male	Female	Person
1951	24.9	7.9	16.7	28.0	5.2	16.5
1961	34.4	12.9	24.0	29.8	6.9	18.7
1971	39.5	18.7	29.4	30.6	8.7	19.4
1981	46.9	24.8	36.2	38.1	13.6	26.2
1991	64.5	39.3	52.2	24.0	19.6	31.1

Source: Deepayatan, State Resource Centre, Patna, Bihar.

It is clear from the above table that between 1951 and 1991, a span of forty years, the literacy in Bihar has gone up by a mere 15 percentage points, in contrast to an increase of 38 percentage points for India.

1.7.1 THE TREND OF LITERACY RATES DURING 1971-91 IN DIFFERENT DISTRICTS OF BIHAR

For a closer examination of the literacy status of 31 districts of Bihar (as it existed in 1971) the literacy rates, the decadal increases of literacy, gender wise literacy rates and rural and urban literacy rate are compared for three census years of 1971, 1981 and 1991 in the form of following tables.

Table 1.9

Table-2 Overall Literacy Rates in Bihar (1971 1981 and 1991)

Literacy Zone and Districts		Year			Percentage Point Increase		
S.No.	High literacy	1971	1981	1979	1971-81	1981-91	1971-91
1	Dhanbad	34.5 (1)	39.3 (2)	45.1 (2)	4.8 (27)	5.8 (11)	10.6 (19)
2	Patna	32.2 (2)	39.7 (1)	45.5 (1)	7.5 (4)	5.8 (12)	13.3 (6)
3	Singhbhum	29.9 (3)	34.9 (3)	40.1 (3)	8.0 (2)	5.2 (14)	13.2 (5)
4	Nalanda	25.7 (4)	32.9 (4)	37.6 (5)	7.2 (5)	4.7 (16)	11.9 (14)
5	Bhojpur	25.1 (5)	31.1 (6)	37.5(4)	6.0 (16)	6.4 (6)	12.4(8)
6	Gaya	22.8 (6)	31.2 (5)	33.8 (9)	8.4 (1)	2.3 (30)	10.7 (21)
7	Rohtas	22.7 (7)	29.4 (7)	35.7 (8)	6.7 (10)	6.3 (9)	13.0 (4)
8	Ranchi	22.4 (8)	28.6(8)	38.0 (4)	6.2 (12)	9.4 (1)	15.6 (2)
9	Saran	22.2 (9)	27.3 (10)	32.5 (10)	53 (21)	5.3 (13)	10.6 (20)
10	Aurangabad	21.8 (10)	28.5 (9)	35.9 (7)	6.7 (9)	7.4 (3)	14.1 (3)

	Moderate Literacy						
11	Bhagalpur	20.9 (11)	26.9 (11)	30.8 (13)	6.0 (15)	3.9 (22)	9.9 (25)
12	Munger	20.8 (12)	24.3(16)	31.3 (12)	3.5 (31)	7.0 (4)	10.5 (18)
13	Nawadah	19.8 (13)	26.5 (12)	31.0 (14)	6.7 (8)	4.5 (18)	11.2 (11)
14	Vaiahali	19.5 (14)	25.6 (14)	32.0 (11)	6.1 (13)	6.4 (7)	12.5 (9)
15	Begusarai	19.0 (15)	26.1(13)	29.2 (17)	7.1 (6)	3.1 (28)	10.2 (15)
16	Darbhanga	18.7 (16)	23.9 (18)	27.8 (21)	5.2 (22)	3.9 (24)	9.1 (22)
17	Samastipur	18.5 (17)	24.9 (15)	28.7 (19)	6.4 (11)	3.8 (25)	10.2 (16)
18	Muzaffarpur	18.4 (18)	24.2 (17)	28.8 (18)	5.8 (17)	4.6 (17)	11.2 (12)
19	Siwan	18.3 (19)	23.7 (20)	30.7 (15)	5.4 (18)	7.0 (5)	12.4 (7)
20	Madhubani	17.0 (20)	21.8 (21)	26.6 (23)	4.8 (26)	4.8 (15)	9.6 (24)
	Low Literacy						
21	Giridih	17.0 (21)	23.9 (19)	28.2 (20)	6.9 (20)	4.3 (20)	11.2 (10)
22	Katihar	16.8 (22)	21.0 (25)	22.4 (27)	4.2 (29)	1.4 (31)	5.6 (31)
23	Gopalganj	16.1 (23)	21.4 (24)	27.6 (22)	5.3 (20)	6.2 (10)	11.5 (13)
24	S. Parghanas	15.6 (24)	21.7 (22)	26.1 (24)	6.1 (14)	4.4 (19)	10.5 (17)
25	Saharsa	15.5 (25)	20.3 (26)	23.0 (26)	4.8 (28)	2.7 (29)	7.5 (29)
26	Purnea	15.1(26)	19.0 (29)	20.9 (31)	3.9 (30)	1.9 (23)	5.8 (30)
27	Daltonganj	14.6 (27)	20.0 (27)	24.0 (25)	5.4 (19)	4.0 (21)	9.4 (23)
28	E. Champaran	14.3 (28)	19.3 (28)	21.8 (30)	5.0 (23)	2.5 (26)	7.5 (28)
29	Sitamarhi	14.0 (19)	18.9 (30)	22.5 (28)	4.9 (24)	3.6 (8)	8.5 (27)
30	W.Champaran	14.0 (30)	18.8 (3)	2.2 (29)	4.8 (25)	3.4 (27)	8.2 (26)
31	Hazaribagh	13.8 (31)	21.7 (23)	29.8 (15)	7.9 (3)	8.1 (2)	16.0 (1)
Bihar		19.9	26.2	30.6	6.3	4.4	10.7

Source: Deepayatan, State Resource Centre, Patna, Bihar.

(Figures in brackets indicate the ranking of the districts)

On 15th November, 2000 Bihar State is divided into two states – Jharkhand and Bihar. Jharkhand came into existence as a 28th state of India. this state covers 22 districts recently. Remaining 37 districts are covered by Bihar state. The latest literacy status among rural and urban population of Bihar including male and female are given in table-1.10

Table 1.10

Overall Population, Literates and Literacy Rates in Bihar of the Age Group 7 and above by Sex and Rural/Urban Areas: 2001

Areas	Total Population			Literates			Literacy Rate		
	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female
Total	66644257	34778432	31865825	31675607	20978955	10696652	47.53	60.32	33.57
Rural	59315802	30837038	28478764	26346880	17794149	8552740	44.42	57.70	30.03
Urban	7328455	3941394	3387961	5328727	3184185	2143912	72.71	80.80	63.30

Source:- Provisional Population and Literacy 2001 by Rural and Urban Areas

National Documentation Centre on Literacy and Population

Education, Indian Adult Education Association, New Delhi.

1.8 HEALTH STATUS OF POPULATION IN BIHAR

Health status of population is one of the significant indicators of social and economic well-being. Bihar is one of the poorest states in India, facing desperate challenges in improving the health of its population particularly that of its women and children, with 42.6 percent of the population living below the poverty line. It continues to share with other backward states of India, a number of characteristics such as high infant mortality, low immunization of

children and expectant mothers, high mortality due to infectious and contagious diseases and high mortality rate.

In the last ten-fifteen years, the public health care services in Bihar have virtually collapsed. The most rural among India's major states, Bihar has a very high total fertility rate (4.3 children per family) in comparison to national fertility rate (3.2 children per family) and a low literacy rate (47.53 percent)²⁴.

The avowed goal of every society is to move towards a disease free, disability-free human life. On this account, the performance of Bihar has been rather dismal. Dysentery, typhoid, jaundice, gastroenteritis that could be avoided through primary health interventions continue to take many lives, selecting more of the children and poor. Acute respiratory infections (ARIs), bronchitis, asthma and pneumonia have struck with greater vigour. In North Bihar, prevalence of Kala-Azar, diarrhoea, tuberculosis, typhoid, malaria is very common.

There has been an effective decline in the availability of hospitals, beds and nurses. There is one health sub-centre for every nine villages in Bihar. Villagers have to travel a distance of nearly 6.0 km to avail of the facility at the PHC.

Bihar spent nearly 7 percent of its total revenue expenditure on health sector in 1994-95²⁵ that is one of the highest in the country. However, in per capita terms it spent Rs. 59/- as opposed to Rs. 85/- for India as a whole. Of the total health sector expenditure, 26% was spent on family planning while expenditure on hospitals and dispensaries, and disease control received a share of 13 and 10 percent respectively. Although the state of Bihar spends

over 5 percent of its total expenditure on medical and public health, it has not been in a position to meet the basic health needs of its population. Although the provision of PHCs and Sub-Centres on which the rural masses generally depend is very close to the norms prescribed by the state government, there are large inter district variations. One of the major drawbacks of the public health care system is the unavailability of drugs. The norms laid down by the government are very old and they do not even offset for annual inflation. According to the norms a sub-centre where on an average 5 to 15 people could be seen visiting on a normal day, can spend just about Rs. 5.30 for one day for treating all minor ailments and injuries. Similarly, the amount at the disposal of the PHC is Rs. 33 per day. These resources are so inadequate that makes mockery of the norms and the objectives they are expected to achieve. The rates need urgent and rational revision. In 2001, there was one doctor for every 33,347 citizens in Bihar, compared with the national ratio of 1 to 1,855. They are 12 times fewer nurses in the state than the average. But with 22,670 registered pharmacies and 31,000 doctors, there are also opportunities to effect change in the private sector.

In Bihar, the NGOs can not be ignored because of their number and presence. Approximately 30,000 NGOs are formally registered in Bihar although very few of them are functional in the real sense. There is no proper coordination between NGOs and government.

On the whole, the main barriers to health improvement in Bihar are physical, financial, social and informational. Considering the challenges in strengthening the public health centres in Bihar and the above mentioned realities and political economic conditions its bad performance in terms of

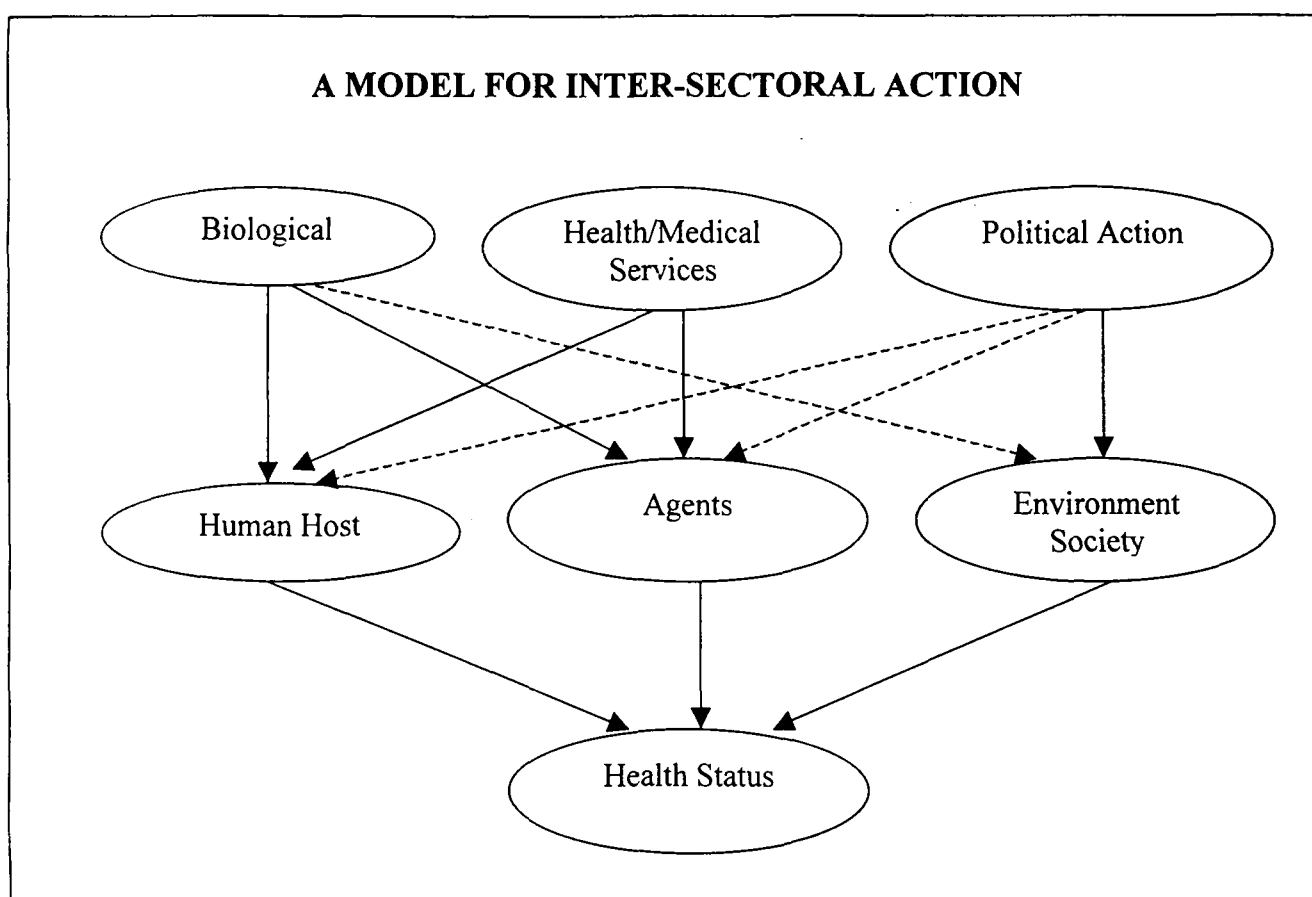
health access and services are due to following factors:

1. Poor communication and transport, which hinders in access to services.
2. Lack of political commitment and inter-sectoral linkages between stake holders.
3. Poor infrastructure and quality of service in many public health centre.
4. At most of PHCs, drugs are not available.
5. The movement from sub-centre to the PHC and them to the CHC is not happening.
6. Distance to health centre is quite often more than five kms at many places.
7. Lack of referral transport system to access emergency services
8. Lack of emergency obstetric care services and safe abortion services.
9. Lack of emergency services for a wide variety of emergencies notably accidents, burns, snakebites.
10. Poor access to sterilization services and poor quality of sterilization services.
11. Weak public health response to epidemics and sudden increase in infectious deaths in certain areas.
12. Low literacy rate of 47.53% and sex ratio 921 females per 1000 males.

Thus, it is evident that although health problems need to be controlled by evolving an efficient and responsive health care services, an appropriate

social policy which addresses the poor living conditions and social arrangements could act as a catalyst for health improvement. Health improvement is a complex phenomenon and can not occur just by isolated inputs. It is mediated by a number of factors co-exist which needs to be tackled by an action programme.

An inter-sectoral action needs to be recognized for achieving any health improvement in Bihar.



1.9 LITERACY CAMPAIGN IN BHOJPUR DISTRICT OF BIHAR

The total literacy campaign in the Bhojpur district of Bihar has been started on 10th May, 1992 by 'Bhor' (an NGO in the field of Adult Literacy).

On 27th May, 1993, the project has got the approval from National Literacy Mission and the work has been started since 12th August, 1993.

The prime objective of total literacy campaign was to literate to all the illiterates in the district under the age group of 15-35. To achieve this target a survey of the total number of illiterate people in the district was done first. According to the survey, 4,95,964 persons were illiterate out of which 2,93,771 were females and 2,02,193 were males. 4,17,377 illiterates were enrolled in the teaching learning centres managed and supervised by 'Bhor' (NGO). It was only due to sincere efforts of 'Bhor' 2,58,398 persons in aggregate had successfully completed Primer III and entered into a new world as neo-literates. Out of these neo-literates the number of males were 1,13,486 and that of females were 1,44,812. This shows that the females were more inclined towards learning than the males.

The acquired literacy was further needed to have retention and in order to ensure this, Post Literacy Campaign was launched in the district with two main objectives to be fulfilled-

1. To make literate to those who were left under TLC through mopping up.
2. To ensure retention of the acquired literacy.

The third phase of literacy campaign i.e, Continuing Education Programme was launched in Bhojpur district after the successful implementation of total literacy campaign and post literacy campaign. There was an approval of establishing 473 Continuing Education Centres and 77 Nodal Continuing Education Centres in the district. In the first phase 300 Continuing Education Centres and 30 Nodal Continuing Education Centres

commenced their work since July 2002 and till October 2003 the rest Continuing Education Centres and Nodal Continuing Education Centres have been established. The district is presently under the phase of Continuing Education Programme.

According to the Census 1991, the literacy rate of Bhojpur district was 47.18 percent²⁷. The Census 2001 shows that literacy rate of Bhojpur district is 59.71 percent. Therefore, the decadal growth rate is 12.53 percent which is nearly equal to the decadal growth in national literacy rate (13%). The credit goes to combined efforts of Bhor, an NGO.

The present status of literacy programme in Bhojpur District which is under the jurisdiction of State Resource Centre (SRC), Asian Development Research Institute (ADRI), Patna is as follows:-

- Continuing Education Programme is going on. Zila Saksharta Samiti (ZSS), has Established almost all the Continuing Education Centres (CECs).
- Zila Saksharta Samiti has submitted project for Residual Illiteracy Eradication to National Literacy Mission.

Table 1.10

Bhojpur District At a Glance
(According to Census of India-2001)

S. No	NAME OF THE BLOCK	POPULATION			LITERACY RATE (%)			SEX RATIO
		TOTAL	FEMALE	MALE	TOTAL	FEMALE	MALE	
1	SHAHPUR	186341	87674	98667	55.20	37.38	70.87	889
2	ARRAH	166253	78337	87916	60.45	51.90	76.78	891
3	BARHARA	194191	91332	102859	57.38	40.11	72.47	889

4	KOILAWER	169680	78719	90961	60.98	44.66	74.82	895
5	SANDESH	90227	43105	47122	55.38	37.11	71.95	915
6	UDWANTN AGAR	131865	62886	68979	60.43	42.12	77.02	912
7	CHARPOK HARI	86660	40530	41130	57.93	40.34	73.15	879
8	TARARI	148453	71390	77063	61.07	43.32	77.41	926
9	SAHAR	99561	48417	51144	56.71	39.41	75.01	947
10	AGIGAON	12093	58523	63570	57.18	37.37	75.26	921
11	GARHANI	86336	41551	44785	57.64	38.81	75.05	928
12	JAGDISHPUR	212364	110680	110684	51.84	34.38	67.72	919
13	PEERO	197817	95305	102512	60.17	42.72	66.39	930
14	BIHIA	138179	65114	73065	56.75	42.52	69.27	891
15	ARRAH TOWN	203395	93519	109876	78.02	68.78	85.80	851
	BHOJPUR DISTRICT	2233415	1058032	1175333	59.71	42.81	74.78	900
	BIHAR STATE	82878796	39724832	43153964	47.53	33.57	60.32	921
	INDIA	1027015247	495738169	531277078	65.38	54.16	75.85	933

Source:- Bhor, Bhojpur Total Literacy Campaign, Bhojpur, Bihar

1.11 JUSTIFICATION OF THE PROBLEM

Education for women assumes significance for two reasons. First, it is not only a means to achieve development and fulfil other development goals, but also an important aspect for womens' development itself. It is an instrument of social change and transformation, leads to a better perception of self and brings about attitudinal changes, thus leading to the 'empowerment'

of women.

Efforts to tackle the problem of women's literacy were attempted half heartedly by both the centre and states, till the first structurally serious nation wide programmes of adult education, was launched on October 2, 1978 in the name of National Adult Education Programme (NAEP). But, the programme has not been effective as was expected. The National Policy on Education, 1986, reiterated the importance of womens' education in a separate section entitled, "Education for Women's Equality (NPE, 1986)", "The Mission Approach (1988)" and current Total Literacy Campaign" which is in operation at present aims at achieving total literacy by 2005.

In 1996, the male adult literacy rate was about 67% as compared to that of 40% for females. Dropout rates in different levels of school education are significantly more for girls as compared to boys.

Now the women have started to appreciate the fact that age or sex can not hinder their learning process. Their confidence in organizing themselves for demanding their due share from the welfare programmes bears evidence to the atmosphere of change taking shape from three Rs to empowerment. When an illiterate Women becomes neo-literate she needs follow-up programme to sustain her memory and enhance her capability of reading and writing. This further requires a properly reached reading materials for the neo-literate which may make them acquaint with physical, ecological, biological, cultural, social and political affairs of life.

Health of women is an important factor in determining the overall health of the society. If women are not well nourished they are more likely to give birth to weaker babies leading to a higher infant mortality rate. It is also

observed that wherever the infant and child mortality is higher the birth rates are also higher which further become the route cause of all backwardness.. Unless women are literate and enter the continuous reader phase, any community will suffer poor family health, malnutrition and gender discrimination. These facts compel a special focus on women and urgency of health education for them is self realized. Hence, to give a shape to the dream of a educated nation that emphasis on Healthy Literate Citizenry and to provide mental nourishment to neo-literate women, there is an urgent need of literature based on their bio-physical environment. These attempts themselves justify the present need of Health Education through appropriate adult literatures. They will acquire such knowledge and skills with understanding that will help to solve the health problem lead to effective use of all regional and local resources so as to maintain harmony in the environment.

Attempts in the field of curriculum development and Health Education are generally made at school level. Like school students, it is also essential to develop a well equipped curriculum for the neo-literate women, directly, related to their life experience. Bearing this in mind the researcher felt the need to develop instructional material for the neo-literate women which they will understand independently. These facts led the researcher to think and select a problem related to Health Education for investigation.

1.12 SIGNIFICANCE OF THE PROBLEM

Adult education movements should offer vital inputs to bring about the desired changes in the attitudes and perceptions of women without which the “empowerment” and the consequent phenomenon, the world is debating

about, become meaningless. The practice of providing the entire learning kit to the women at a time may frighten them and causes their apathy towards learning. Therefore, passing the learning materials as and when required upholds the sentiments and inhibitions of women. The contents of learning materials must include short stories of life situations which must be message giving, interesting and motivating.

India has achieved tremendous increase in food production yet her nutritional problem continues to be formidable. Malnutrition is still one of the critical issues deterring national development. In terms of health, optimal nutrition must be assessed for all people. Thus, nutrition and health education should be considered as an investment in human resource development.

Mass illiteracy and lack of nutrition education are the twin problems which stand at the grass root of all development especially that of rural population in our country. Not merely poverty but ignorance is perhaps the most important single factor underlying malnutrition and several diseases. A large proportion of malnutrition could be avoided if people know how to make better use of foods available to them. To improve the nutritional status especially, in rural areas it is essential that women should have sound nutritional knowledge, favourable attitudes and healthy dietary practices. Thus, there is an urgency of removing misconceptions of women regarding diets in terms of quantity and quality and their nutritional abilities. It is the great need of the time.

Women are required to be well-known about the nutritional ability of a particular food item which is easily available to them. They must be able to differentiate the food item with their respective nutritional value.

Despite, good food habits have a significant role in enriching the benefits of nutrients to the body. Food with high nutritional value may be harmful if it is taken unhygienically and untimely. Thus, it is essential to bring attitudinal changes in the women, so that a harmony between nutrition and hygiene can be maintained for maintaining good health.

A large number of diseases could be prevented with little or no medical intervention if people were adequately informed to take necessary precautions in time. Recognizing this truth the WHO's constitution states that "the extension to all the people of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health".

1.13 STATEMENT OF THE PROBLEM

Curriculum Development of Health Education for Neo-literate women.

1.14 DEFINITIONS OF THE TERMS:

1. Curriculum Development:

Hass, G. defines Curriculum Development in his book 'Curriculum Planning-A New Approach' as-

"Curriculum Development is the process of gathering, sorting, selecting, balancing and synthesizing relevant information from many sources in order to design those experiences that will assist learners in attaining the goals of the curriculum".

2. Health Education:

According to the National Conference on Preventive Medicine in USA,

“Health education is a process that informs, motivates and helps people to adopt and maintain health practices and lifestyles,, advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end.”

3. Neo-literate Women:

Neo-literate Women are those learners who have acquired basic literacy. They can read and write independently. According to National Literacy Mission, those who have completed three Primers (I, II & III) successfully are said to be neo-literates.

4. State Bihar:

Bihar is located in North India. It is bounded on north by Nepal, on east by West Bengal, on west by Uttar Pradesh and Madhya Pradesh and on south by Orissa.

1.15 OBJECTIVES OF THE STUDY:

Developing curriculum on health helped to

- (i) Develop knowledge and basic understanding of the health and its allied problems.
- (ii) Develop awareness of health and its allied problems.
- (iii) Motivate neo-literate women to develop positive attitude, strong feelings of concern for health.
- (iv) Develop skills for solving health problems

1.16 DELIMITATION OF THE STUDY

The study is delimited in terms of the sample and the content.

1.16.1 Sample of the Study

A sample of one hundred neo-literate women was selected from three continuing education centres running by a non-governmental organization (NGO) in Bihar. The name of the NGO is 'Bhor'. District 'Bhojpur, headquarter 'Arrah' and Block Barhara was taken for the study.

1.16.2 Content of the Study

The researcher confined his study to health education that includes.

1. Nutrition
2. General Health & Hygiene
3. Different Diseases and their Remedies

The number of stories covered under each area were as follows

<u>Content area</u>	<u>Number of stories</u>
1. Nutrition	9
2. General Health and Hygiene	7
3. Different Diseases and their Remedies	4

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CHAPTER –II

2.0 SURVEY OF RELATED LITERATURE

2.1 INTERNATIONAL SCENARIO

2.1.1 ADULT EDUCATION

2.1.2 CURRICULUM DEVELOPMENT

2.1.3 HEALTH EDUCATION

2.2 NATIONAL SCENARIO

2.2.1 ADULT EDUCATION

2.2.2 CURRICULUM DEVELOPMENT

2.2.3 HEALTH EDUCATION

2.0 SURVEY OF RELATED LITERATURE

The shadow of present is the outcome of past. If a plant is well-planted following the past experiences it shall fetch sweet fruits in future. Likewise, a study of any concern must be based on the previous work of the concerned problems. Review of literature is an essential and preliminary step for any kind of research either social or scientific. It allows a researcher to build theoretical as well as imperial foundations against the backdrop of which the objectives of the study find adequate justification.

There are several aspects, which are yet to be studies, but priority is always given to those problems, which are relevant, reliable and can contribute for the good of a nation or the whole world. These relevancy, reliability and importance of any study can be known by the review of works already done. Studies are not supposed to be reviewed merely in terms of summaries, but have to be critically appraised, assessed and evaluated.

Related literatures anticipate the nature of problems which may emerge in future and guide to take remedial measures with further studies. They help in formulating a research problem and developing skills to proceed further with the problem. The more the findings of a research are applicable and universal the more it is justified and reliable. The international studies are the source of knowledge of the ideas, perceptions and methodology applied to study a particular problem, of researchers belonging to outside world. A researcher is expected to contribute to his nation with his findings and suggestions. He goes through the studies already conducted on national scenario and then he may be able to identify the need and relevancy of the present study.

Therefore, in order to develop deep insight and to evaluate the methodological practices emerging out of researches, the researcher made a

survey of the available literature and reviewed the studies already done in the fields of adult education, curriculum development and health education.

Detailed description of international studies as well as national studies are as follows:

2.1 INTERNATIONAL SCENARIO

2.1.1 ADULT EDUCATION

2.1.2 CURRICULUM DEVELOPMENT

2.1.3 HEALTH EDUCATION

2.2 NATIONAL SCENARIO

2.2.1 ADULT EDUCATION

2.2.2 CURRICULUM DEVELOPMENT

2.2.3 HEALTH EDUCATION

2.1 INTERNATIONAL SCENARIO

2.1.1 ADULT EDUCATION

Kapoor, Dip Prakash (1995) made a study of participatory education and rural change in the University of Alberta. The purpose of this study was to develop a participatory perspective on education and rural change. It was assumed that such a perspective would provide rural change agents, non-formal educators and “outsiders” with a renewed understanding of their role in rural education and change. The study was guided by three related objectives. To examine analytically (i) the concept of non formal education (NFE) primarily in terms of its stated purpose and prescribed role in the process of rural change; (ii) the evolving concept of participation in the rural change process (ii) the possible link between NFE and

participation in the rural change process.

Development of a participatory perspective on education and rural change was viewed by the researcher as an opportunity to engage in an act of conceptual construction that was based on (i) the experimental understanding and reflection of actors (change agents) in the field and (ii) the conceptual/theoretical literature on participation, NFE and rural development.

Hermanson, Kim Louise (1996) made a study of learning in every life with a sample of urban adults in the University of Chicago. In this study, the self reported learning situations of a group of 34 urban adults were examined during a typical week in their lives. Participants were signaled via an electronic watch at random times during the day and asked to report on their experience. In addition, individual interviews were conducted to gain a more detailed understanding of the participant's learning situations during a week. The term "everyday learning" includes all of the myriad ways in which these adults learned instrumentally, socially and developmentally and term includes both formal and informal learning situations. This study of everyday learning contributes towards the education literature in three ways. First it provides a way or model with which to study and investigate the broader learning that occurs in everyday life. Second, it helps to broaden the adult learning and finally, it assists our understanding of how primary mediating associations and the other institutions in one's life structural and shape adult learning and development. Since we learn from family friends and the local community organizations, the presence or absence of them in our lives has a significant effect on every day learning.

Wang, Tun (1997) made a case study of state wide collaboration in adult continuing education in Maine in the Northern Illinois University. This case study assessed Main's statewide collaboration in the development of the distance education network that delivers higher education and continuing education to Mainers in rural or remote areas and to those who are home bound or Job-bound. By examining the controversial issues surrounding budgets, logistics and faculty's participation in the network's planning and curriculum decision making, the study was (i) to identify strengths and weaknesses of a state wide collaboration in distance education (ii) to alert distance education institutions of possible problems and pitfalls in intra or inter-institutional collaboration. A thorough analysis was conducted regarding the collaborative development of off-Campus Library Services and the systematic implementation of the distance education infrastructure. Other support services for both distance education faculty and students were also examined: (i) instructional design (ii) technical support (iii) admissions (iv) counselling (v) academic advising (vi) records and registration (vii) credit transfer and (8) site learning facilities and services. The adverse effects of economic conditions political climate and managements decision making in the state wide distance education programme were also examined.

Brown, Samuel Wymanius (1998) made a study of an adult continuing education developmental model for a primary health care delivery system in third-world countries in Northern Illinois University. The purpose of this study is to create an adult continuing educational developmental model on which to build health care delivery systems in third world countries. This model focuses on Liberia as the country selected for implementing this programme. Through

its design the model instructs and trains indigenous community based groups in less developed countries to become skilled operators in health care delivery. Of major note, the model presents an implementable format for building and rebuilding a less developed country's primary health care delivery system. This study further suggests that the participatory research methodology when modified, emerges as a tactic to forge a desirable and durable bond among the stakeholders to secure the necessary financial and human resources for attaining success. A major emphasis in the development of this world was the utilization of the administrative and managerial strategies found in the principles and practices of adult continuing education. The study suggests the importance of developing a team that addresses the roles of the skilled/educated and volunteer health care and adult continuing education professionals. In anticipation that follow up studies will be pursued the possibility that such a programme could result in significant new growth in the employment of donor countries professional and skilled personnel has been expressed. Finally, the study suggests that donor involvement in this process helps to establish the technically advanced country as a world leader.

Helterbran, Viteri Russell (1999) made a qualitative study of life long learning and adults self direction, motivation to learn and self efficacy in a learning society in Duquesne University. This study examined the attitude and practices of adults who had earned less than a college degree yet had chosen to actively learn throughout their lives. Through a case study approach this research proved this belief in relation to their own self-discretion, motivation to learn self efficacy and the development of a learning society. Adults without benefits of a great deal of formal education can and do actively engage in

learning throughout their life-long span. The participants in this study, ranging in age between 52 and 78 years of age, were adults identified as lifelong learners by long time members of the community. Data were collected through interviewing the participants. They questioned whether or not educators themselves are life learners and whether educators understand and practice the basic tenets of self direction, motivation to learn and self efficacy in the classroom. Our schools must to terms with their role in fostering the development of life long learners and this can only occur if society can do the same.

St. Clair, William Norman (2000) made a study on curriculum structures in an adult education programme in the University of British, Colombia. This case study examines influences on the selection and delivery of knowledge in the employment preparation provision of a trade union in British Columbia. Bernstein's theories of curricular code and Bourdieu's perspective on social and cultural capital are used to analyse data collected by interviews observation and documentary analysis. The emergent themes are organizational structure, pedagogic practice, diversity and difference, and the good employee ideal, with each of these demonstrating the tension between the philosophical orientation of the organization, as a representative of the labour movement, and the demands of the finding and policy structure within which it operates. Analysis illustrates the way curriculum is shaped by the forces external to the immediate education setting, the most-pervasive being the requirement to function as an effective means of transferring cultural and social capital to unemployed people. The study implies approaches to curriculum emphasizing decisions taken by instructors and learners mask wider structural influences on

knowledge formation and more research on the sociology of knowledge in adult education is called for.

Jones Martha Small (2001) made a study of community based adult education for adults in rural Alabama in North Carolina State University. The purpose of this research is to examine the educational programmes at Tuskegee during the Booker T. Washington Era Under the lens of the contemporary microscope of Boone and Brook field's community based adult education theories. The Boone Theory requires institutions to perform 13 processual tasks in providing community based adult education. This research yielded educational practices at Tuskegee that satisfy the requirements for these model. This study explores the Tuskegee curriculum based on the intended objectives as established by Washington, the community leaders and the people that the programmes were designed to serve. These programme were designed to structure a curriculum that would make blacks and whites equal players on the rebuilding of the south. The research revealed an organized effort to transfer the black Belt of the South from a poverty stricken, unhealthy region into a prosperous, economic community through practice of community based education.

Luke, Gerri F, (2002) made an inquiry into the factors influences the success of the underreported adult student in the University of Massachusetts, Bostori. This quantitative study investigated the factors influencing the under prepared adult student's successful attainment of a bachelor's degree and attempted to identify effective educational settings. The focus and unit of analysis were academically under prepared adult students those who had either

dropped out of high school or maintained a C or low cumulative grade point average throughout high school between the ages of 25 and 40 years. The research design of a comparative case study approach 20 interviews with participants from three institutions analyzing data individually and across cases resulted in the following findings. The first set of findings was unexpected and involved the students' early lives: 60% of all students (82% of the women) reported experiencing sexual abuse as children. Five of the nine abused women indicated experiences of sexual abuse. Most often in these cases, students had been told they would never amount to anything. Second, the students developed their voices through a series of significant moments which led to transformation in perspective. Third, evidence from the study suggests that educational settings can influence change. Connected relationships with faculty, students and staff, recognition of past experiences, positive attitudes about students' ability to learn, and teaching pedagogy that encourages interactive dialogue were cited by students as having beneficial impacts.

Katrina Meyer (2003) made an assessment of perceived faculty needs for working with adult learners at community college in the University of North Dakota. The purpose of this study was to assess the perceived training needs of fulltime faculty working with adult learners. There were two survey instruments developed for the study i.e., one for administrators and another for faculty. Information on demographics of respondents, training areas for instructor's development, preferred training setting and preferred educational format for training were gathered by the instrument. The variables under consideration included the following five sections: interpersonal skills, instruction and curriculum, community college leadership, polity, culture,

community and social issues and counselling adult learners. A total of 6 administrators and 41 faculties completed the surveys. The result indicated a difference in perceptions of administrators and faculty pertaining to faculty training needs in working with adult learners at community colleges. The community colleges surveyed offered faculty development programmes to the faculty in the fall 2002 semester. The administrator and faculty respondents to the survey indicated the items that they felt were essential for faculty training. Administrators and faculty were in disagreement on some of the training item concerning instructional philosophy in the essential category of the survey based on the criteria of 10% difference or more between the administrators and faculty responses. The result of the survey indicated that the respondents agreed on the preferred format and the training setting for faculty training programmes.

2.1.2 CURRICULUM DEVELOPMENT

Dreyfus, Jeanne Patricia (1994) made a case study of teachers core instructional beliefs and implementation of curriculum change. Curriculum change, restructuring how and what children learn, is an elusive endeavour. The relatively recent work of educational researchers on the impact of teachers' beliefs on their implementation of innovative curriculum programme have yielded inconclusive findings. Most of the studies have focused on teachers' beliefs about how a specific subject should be taught, few have investigated core belief and their effect on implementation. To fill that gap, this study investigated the relationship between alignment of teachers' core educational beliefs with a curriculum's conceptual frame work and their implementation of that programmes. The curriculum, Different Ways of knowing (DWOK), was

designed around fundamental beliefs about learning and instruction. Twenty-one elementary school teachers from nine schools in three regions participated in the study. Triangulating data from teacher interviews, questionnaire and classroom observations, the study investigated three beliefs: beliefs about how children learn, the role of the teacher in the learning process and the cognitive goals of learning. The study concluded that the stronger the alignment of teachers' core beliefs with the curriculum's conceptual framework the stronger the implementation of that curriculum. The finding of this study generated several complications for future research. These implications are concerned with how change takes place in incremental steps or paradigm shifts: the direction of change from beliefs to practice or practice to beliefs; and how designers of innovative curriculum view their programmes, as top – down mandates or heuristic tools for change.

Nolfe, Melissa (1995) made a study of the implications for a feminist approach to health education and curricula in the University of Kansas. The purpose of this study was three fold: (i) describe the placing of blame for disease as seen in accounts of disease through Western history from the Middle Ages to the late twentieth century (2) describe how the blame placing correlates to theories of disease in the western medical model (3) and apply the feminist model of science to curricula in the health education to alleviate the placing of blame. Two categories of blame were described in the study: disease attributed to others and disease blamed on sexuality (behaviours and orientation). The diseases described include cholera, influenza, leprosy, syphilis and yellow fever. The study was conducted as descriptive historical research. Primary and secondary sources from libraries and the Kansas State Historical Society were

examined. The research described many similarities across Western History in the placing of blame for disease on others and sexuality. By deconstructing the western medical model, it was shown that mechanistic theories from medicine influence non-medical persons in their construction of beliefs about disease: especially the belief that disease is a discrete entity that may be banished or abandoned. The feminist model of science, which defines disease as a natural element of the human/environmental organism, was described. The research described how the use of the feminist model of science as a frame work in place of the Western medical model enhances and strengthen health education curricula in its approach to understanding health beliefs about wellness and disease and how these beliefs affect culture.

Theron, Matthiam Jacobus (1995) made a study of the effecienceness and relevance of curriculum for special education in the University of South Africa, South Africa. Sustaining curriculum relevance and effectiveness necessitates regular curriculum education and adjustment in concurrence with the evaluation results. The primary aim of this research was to determine if the core curriculum for special education, which is applicable to the majority of the special schools in South Africa, is relevant and effective. A secondary aim of this investigation was to develop a model for curriculum evaluation by means of which curriculum evaluators would be able to evaluate a curriculum from a literature perspective. With a view to founding research theoretically, literature research was conducted into the foundation and components of curriculum. On the basis of the research findings, the model for curriculum evaluation was developed. Two of the curriculum foundations that were disclosed by means of the research were the learner and the community. By means of investigation of

literature and other relevant documentation, the demands made on the curriculum by the learner and the communities were determined. On the basis of these findings criteria were developed by means of which the core curriculum for special schools was then assessed. It was concluded that core curriculum for special schools are in general not effective and relevant enough. Proposals were made on how the core curriculum could possibly be made more effective and relevant.

Rowe, Valere Ann, (1996) made a study of transactional training for learning disabled (LD) adolescents and facilitating teacher change and curriculum development in Fortham University. This study based on Freire's pedagogy, evaluated the feasibility and efficacy of introducing transactional teaching for learning disabled (LD) adolescents. The transactional approach, based on interaction between teacher and active learner, has been effectively employed in regular education classes, but minimally with LD students. In the current study, a structured intervention to enhance transactional teaching was employed with a teacher and her seventh and eight grade LD students during 1994-1995 in a New York City public School. Classes included 11 seventh grade language, arts and 8 eighth-grade social studies students. Investigator field notes, teacher and student interviews, video tapes, audio transcripts and the Class Activity Questionnaires (CA) were obtained before and after a 3-month period during which the investigator worked closely with a teacher to develop her knowledge and techniques in transactional teaching. Results of the study indicated that the transmission oriented teacher moved towards a student centered transactional approach ($P < 0.05$) with the seventh grade class. The intervention was associated with greater improvements in student attitudes and

learning behaviours in the eighth grade than in the seventh grade. It was found that the class room performance of VIIIth grade students the transactional environment was more interesting and they participated more in the preintervention phase ($P < 0.01$) and their learning behaviours improved ($P < 0.01$) than VIIth grade students. The findings in the study suggest that a transactional intervention can modify teacher attitudes and behaviour, as well as student attitudes and learning behaviour in LD adolescents.

Ross, Kathryn R (1997) made a study of an adaptation process integrating curriculum assignments with authentic work and implementation of problem based learning in Indiana University. This research examines a variation of problem based learning in order to generate theory to explain its process of implementation. To provide students practical knowledge along with technical knowledge, this academic programme used authentic work projects for its problem based learning. A project need, not information, was encountered first in the learning process. Learning, then resulted from the process of developing the project. Faculty, students and a corporation worked together to craft projects to meet dual purposes, the learning goals of an instructional technology course and the business goals of a corporation. Through use of grounded theory methodology, empirical data gathered in one naturalistic setting were analyzed and compared to some settings found in the literature with similar conditions and methods. Research was conducted at a corporation where the masters degree programme was delivered to a cohort of its employees. The analysis generated an explanation, which showed a process of adaptation was the key to how participants achieved the integration. Adaptation presents a way to handle the goal brought from all three sets of

stakeholders. The process uses three stages, with an optional fourth stage. Stages of the process are (a) using strategies and conditions to set expectations, (b) adapting for ideal alignments (c) adapting for pragmatic alignments (d) inspecting outcomes for reflection and feedback for future interactions. The third stage is the optional stage, set in motion by a critical event of goal conflict. The conflict causes progress to halt until a forced choice between goals gives it new direction to move forward again.

Amendola, Lewis Robert (1998) made a study on the development of a caring nursing curriculum in the University of North Carolina at Greensboro. The purpose of this study is to explore the development of a caring curriculum within nursing education, with a particular focus on nursing and caring as a feminine based cognate. This qualitative analysis of the case study includes examination of the diverse nature of nursing as a caring discipline and explores selected social, political, cultural and ethical challenges affecting caring nursing education. The study begins by examining the authors reasons for selecting this area of study, his personal thoughts on the nature of caring and questions he proposes to answer. The literature review explores nursing as a profession, the various theories of caring, and the educational dichotomies of nurture versus authority and control versus empowerment. In order to better actualize caring within a nursing curriculum, this study examines the existing curriculum at a historical Black School of nursing and the role Black feminism plays within the feminized profession of nursing in this setting. Alternative models of caring are explored, followed by specific examples of uncaring behaviour, scrutinized within a selected organizational the need for a more caring curriculum. The study concludes with several suggestions on how to

promote caring within a restricted curriculum , while simultaneously adhering to the many professional regulations and coping with inherent administrative restraints. Some suggestions are also made as to how to teach the concept of caring within an existing nursing curriculum.

Liu, Dar. Sheng (1999) made a study of curriculum design for multi-ethnic education in the University of Pretoria South Africa. This research explores the national principles, relevant factors and strategies of curriculum design for multi ethnic education. The study analyses and compares the current development of curriculum design for multi ethnic education in the Republic of South Africa to that of Taiwan, R.O.C. An ideal curriculum design for multi ethnic education is then presented. In the process of study, this research primarily was theoretical research, historical research, comparative research, content analysis and document study. The rationale, which is the foundation of curriculum design for multi ethnic education is drawn from the disciplines of anthropology, philosophy, sociology, psychology and history. The principles that are the guidelines of curriculum design and especially formulated for multi ethnic education. The relevant factors for design are explored from the aspects of the historical background, ethnic diversity, the financial resources of education and teacher education so as to ensure its becoming a practical curriculum. The case study is a comparison of the curriculum design of the Republic of South Africa and Taiwan, R.O.C., which is used as a frame of reference for designing a curriculum for multi ethnic education. The different developmental trends and problems of both countries are discussed. An ideal curriculum design based on previous exploration and analysis is then presented. Finally, this research presents ten recommendations to be used as guidelines for designing an ideal curriculum for multi ethnic education.

Haag, Kimberley Jeame (2000) made a study of a curriculum approach to teaching for democracy in Northern Illinois University. This dissertation examined the relationship between the understanding of democracy in the late 20th century and the civic mission of public education to teach for democracy. Based on a perception, that democratic conditions in the United States have eroded this explored what directions public education must take in order to fulfill its vaunted mission of preparing students for citizenship in democracy citing a lack of direction as a serious threat to the fulfillment of this mission, a comparative study was conducted focusing on the work of three contemporary political/educational theorists-R Freeman Butts, Benjamin Barber and Henry Giroux who specifically address this predicament and offer specific recommendation to remedy the situation and revivify democracy. The objectives of this study were: (1) to explain the concept of democracy from the point of view of each of these scholars: (2) to describe each scholar's diagnoses of the decline of the democratic condition (3) to present each scholars vision of an vigorous democratic public life and (4) to illustrate how each scholar envisions the mission for public education in order to re-create public life and democratic conditions. All three scholars understand democracy as an associated way of living. Each perceives that individual rights have taken precedence over community and eclipsed the responsibilities of citizenship, the primary mission of public education must be to educate for democracy to teach students to be active participants in public life. Democracy is a lived experience and cannot rely on rectified knowledge transmitted from one generation to the next.

Robert, Patrick Allan (2002) made a study on understanding curriculum as poetic social practice in the University of Illinois at Chicago. This conceptual study sought to raise and investigate questions concerning the problem of critical agency as encountered in and through curriculum studies, the problems of critical agency relates to how the interactive, communicative, and interpretive character of curriculum practice constrains and empowers political and social agency. As the primary medium for teacher and student interaction in the classroom the curriculum can be studied as a practice apart from specific course or grade level content. This study drew on a number of key concepts from work in cultural studies and critical theory, including interest in signifying practices, discursive analysis and articulation as a theory of ideological struggle. Finally three examples of political poetry were outlined and developed as exemplars for theorizing about curriculum as a poetic social practice. The first example took as its model poetry of engagement, The second example was based on poetry that politicize the imagination. The third example took as its model experimental, avant-grade poetry. Coupled with a theory of articulation, these three examples provide a framework for understanding how curriculum practice is a site of ideological struggle.

Hernandez Angel Manuel (2003) made a study of the empirical development of a curriculum an identification of the “tongues” of 1 curriculum 14 utilizing a socio-exegetical approach to interpretation in Andrews University. The curriculum tongues is a subject that has been extensively covered in the literature, especially in exegetical Bible commentaries, but no empirically developed curriculum for college level instruction has been found.

The purpose of this study was to develop such a curriculum. The approach to the interpretation of the tongues of 1 Corinthians 14 was interdisciplinary: both theological and sociological the result of the study was that the standard of performance required that 80% of the participants score 80% or higher in the cognitive posttests in each of the twelve behaviour objectives of the curriculum. The test results showed that the empirically developed curriculum was effective. More than 80% the participants score above 80% in each of the twelve behavioural objectives. The difference between the mean of the pre- and post scores was statistically significant and ranged from 85 percent to 89 percent. Modification of effect was also discernable. The results of libert scale instruments in pre and post test format showed a positive change in students attitude and learning experience.

2.1.3 HEALTH EDUCATION

Wells, Barbora Cain Rowe (1994) made a study on the impact of health education on the reduction of risk factors associated with coronary heart disease in Washington University. The purpose of this study was to determine if the reduction of risk factors associated with coronary heart disease (CHD) vary across three kinds of health promotion treatment. The major hypothesis is that screening and counselling with education (N=118) has a greater effect on the reduction of risk factors than either screening with counselling alone (N=242) or screening with no counselling (N=196). The research will examine whether (1) Participation in the programme regardless of the type of intervention level to reduction in the level of risk factors and (2) Whether different types of intervention (health screening alone, screening plus counselling, or screening and counselling plus education, result in different

rates of reduction in the dependent variables. The study employs a quasi-experimental design with measurement of risk factors before and after the educational intervention. The treatment group is the group which received screening counselling and educational classes. The control groups are the groups which received screening but no counselling and the group that received screening and counselling.

Green, Bernand Lee, Gr. (1994) made a study of the prediction of health promotion resistance of African Americans using the health belief model in the University of Alabama. The purpose of this study was to (1) predict health promotion resistance (HPR) among African –American using the Health Belief Model (HBM) and investigate the level of HPR of African-Americans compared to Anglo-Americans by conducting a telephone interview in Jefferson country, Albama. Subjects (N=436, 52% African-Americans, 48% Anglo Americans) in this study were adult (18 years of age and older) residents of Jefferson Country, Albama. The households were randomly selected using the random digit dialing method. An instrument was developed to measure HPR using previous studies on health promotions among different populations. This study revealed that there was no difference in HPR between African-Americans and Anglo-Americans. Path analysis results appeared to suggest that for African-Americans, perceived benefits, perceived barriers and self efficacy were predictive of HPR. For Anglo-Americans, no consistent patterns emerged as a predictors of HPR. These results imply that although there were no differences in HPR among these two groups, there are apparent differences in factors which predicts their livelihood to talk a health action. These results show the need for health practitioner to develop programmes and services around the individual needs of the population.

Carovella, Tracy J. (1995) made a study of Women's perceptions of their health related quality of life during pregnancy as measured by general well being and activity restriction in Southern Illinois University of Carbondale. The purpose of this study was to see if a month by month patterns of Health Related Quality of Life occurs for women during pregnancy according to the indicators of "general well being" and "activity restriction". In addition, this study sought to assess the relationship between the independent variables of perceived social support and frequency of exercise during pregnancy with the indicator of "general well-being". There was a statistically significant relationship between social support and general wellbeing ($r=.511$, $p=.0001$) of this sample did not exercise frequently and no statistically significant relationship between general well being and exercise was found. Four variables were found to significantly contribute to general well-being, these include: social support, activity restriction, perception of health, and whether or not the pregnancy was planned.

Cekic, Katjhlean Anne (1997) made a case study of the termination of the developing community service programme within the college of health and human performance in the University of Maryland College Park. The purpose of this study was to present an in depth case study which closely examined the process of development and subsequent termination of the proposed Community Service (C.S) Programme. A descriptive case study methodology was used to develop a rich, thick comprehensive narrative of the factors which led to the termination of the programme through the perception of the participants. Data were collected through interviews with programme participants conducted by this researcher after the approval was given for the CS Programme, and after the termination of the programme, along

with archival records, documentary data, and direct observation by this researcher in meetings during the developmental stages of the programme.

Specific factors which emerged during the study of the interviews were identified, along with the factors which were perceived as contributing to the termination of the CS Programme by the participants. The major conclusions of the study were : there was a lack of financial support for the programme; the Director of the CS Programme did not have adequate support of departmental or university Administrators, involvement in other existing CS Programmes diminished the commitment of some faculty and College Committee on community service members; and there were major philosophical differences between the director of the CS Programme and the Departmental Administration at the time of the Programme.

Drabbs. Mary Eleanor (1997) made a study of the experiences that shape women's ideas about physical activity in the University of Texas at Austin. This study examines women's experiences that shape their ideas and decision about physical activity. Women between 20 and 60 years old, lived in Austin, and speak English were interviewed. Theoretical sampling techniques as well as asking participants to refer potential participants were used. Interviews were audio taken and transcribed verbatim. Data analysis was a repetitive process of constant comparison and examination. Trustworthiness of the analysis was enhanced by working with an analysis team, maintaining an audit trail, checking interpretations with participants and continuing sampling until information redundancy was reached. Implication for health education and health promotion are discussed and recommendations for additional research are suggested.

Yates, Toyce Meek (1999) made a study on the relationship between emotional intelligence and health habits of health education students at Mississippi State University. The relationship between emotional intelligence and health habits of male and female students at Mississippi State University was investigated. A convenience sample of seven health education classes (N=278) was used to answer questions of demographics, Emotional Intelligence Inventory (EII), Emotional Intelligence Survey (EIS), and the Health Habits Survey (HHS). These tests were administered during the scheduled class time allotments in the spring semester of 1999. The findings of this study suggested that there was a relationship between the health habits of college aged health education students and emotional intelligence; however this correlation revealed a weak relationship. Even though three of the canonical functions were statistically significant, the redundancy measure was small, indicating poor practical significance. This study provided a basis for health educators and health practitioners to focus on emotional intelligence as it is related to health habits.

Riederer Trainor, Christine (2000) made a study of measuring perceptions of health education mediums in Texas Women's University. The purpose of this study was to create a health education message for individuals who had been identified as experiencing depressive symptoms, one that could be delivered through three different mediums to adapt and validate an instrument measuring perception of the health message and to develop and propose a process for message dissemination and survey implementation in a behavioural health setting. A simple health education message which could be delivered through three mediums (written, pre-recorded telephone message and

website) was developed in conjunction with staff members of a behavioural health company. The message was designed for depressed clients and to encourage their follow up and compliance with recommended care plans. Test-retest reliability and the content validity of the survey instrument were established. A two phase protocol for message delivery and telephone survey implication was developed by the researcher for use in a typical behavioural health company that receives and assesses calls from members who present with symptoms of depression. Health educators have a unique challenge ahead in terms of addressing the needs of those who suffer from depression, and discovering new methods in which to reach this population. Future research should focus on finding and validating instruments, which measure the effectiveness of health message for depressed individuals: and working to provide more powerful health communication campaign relating to depression.

Dongty, Than Deneen (2001) made a study of the effect of an education programme on adjustment and knowledge in women with multiple sclerosis in the Pennesylvani State University. The purpose of this study was to examine the effect of an educational programme on the psychological adjustment to disability and knowledge of women with multiple sclerosis in the Commonwealth of Pennsylvania. The study utilized an experimental pre and post test design and included women (N=145) with multiple sclerosis who were registered members of National Multiple Sclerosis Society. The study examined four-research question (a) "Is there a relationship between participation in the Healing From Within Programme and knowledge?" (b) "Is there a relationship between participation in Healing From Within Programme

and Psychological adjustment to disability”? (c) Is there a relationship between socio-economic status, race/ethnicity educational level, duration of illness (years ago diagnosed with MS), and knowledge of MS?” (d) Is there a relationship between socio-economic status, race and ethnicity, educational level, duration of illness and illness severity and level of psychological adjustment”? An ANCOVA was conducted to examines first two questions and found non-significant findings. A multiple regression were conducted on the last two question and found that MS severity was found to be statistically significant in question third and MS severity and SES were found to be statistically significant in question forth. Information on the limitations of the study, implications and directions for future research and practice are also included.

Blanchard Shirley Ann (2002) made a study of variable impacting obesity among African American Women in Omaha in the University of Nebraska Lincoln. African American women’s have the highest mortality rate for stroke, heart disease, cancer and diabetes of all ethnic groups. This study examined the relationship between depression and obesity, health risk factors and obesity, age, education, socio-economic status and obesity, and psychological issues and obesity among African American women living in Omaha, Nebraska. A convenience sample of (N=378) African American women completed the African American female health survey which included the 20 item centre for Epidemiological Studies Depression Scale (CES-D) BMI was used as a measure of obesity. There were statistically significant relationship between age and obesity ($p=.002$) socio-economic status and obesity ($p=.007$), sedentary life style and obesity ($p=.007$) and stress and

obesity ($p=.000$). Cues to eat were significant predictors of obesity ($p=.000$) and depression ($p=.000$). There was a statistically significant and positive relationship between depression and obesity ($p=.000$). BMI contributed 22.7% of the variance in the model for depression and obesity. The mean BMI was 32.78 kg/m^2 and considered high risk for cardiovascular disease. There were statistically significant relation between education level and self reported cholesterol ($p=.045$), education level and self reported blood pressure ($p=0.18$), and education level and participation in physical activity ($p=0.36$). Results suggest the need for culturally relevant health education programme.

Harrykisoan Doodnuth (2003) made a study of the effects of access, community action, and customer service on member satisfaction with health care in a federal managed care plan in Walden University. This descriptive quantitative study was conducted to determine the effects of access communication, and customer service on member satisfaction with health care delivered through the TRICARE prime health plan. This cross sectional, self administered annual mail survey used a stratified random sample of 180,000 beneficiaries throughout the military health care system. The statistical package for Social Sciences version 10.0 for windows was used to filter and extract data on TRICARE prime enrollees from a master file supplied by the Department of Defence document, the year 2000 Adult Health Care Survey of Department of Defence Beneficiaries. Pearson's correlation coefficient indicate a strong positive correlation between the independent variables of access, communication and customer service and the dependent variable of member satisfaction with health care. Linear regression and correlation analysis provided significant evidence that access, communication, and customer

service accounted for significant variation in satisfaction with health care delivered under TRICARE Prime. The findings of this research study suggest that access, communication and customer's services have statistically significant effects on satisfaction with health care delivered under the TRICARE Prime Plan. Consequently efforts towards meeting the goals of military health care should focus on improving such military health system characteristics as access communication and customer service.

2.2 NATIONAL SCENARIO:

2.2.1 ADULT EDUCATION

Ahmad, Mushtaq (1958) made a study on education of reading materials for neo- literates and their reading needs and interests JMI, New Delhi. The study aimed at undertaking (1) an evaluation of follow-up reading materials in Hindi,(ii) identification of reading interests and reading needs of neo-literates, and (iii) assessment of techniques of production of reading materials. The ultimate objective was to improve the quality of reading materials for neo-literates. The major findings were: 1 The physical aspects of the reading materials were satisfactory.2. There was scope for the improvement of illustrations. There was need for more care about the accuracy of the contents. 3. Prices were on the high side in some cases. 4. The majority of books were related to epics, biography, agriculture and social studies. Very few dealt with leisure time occupations, science or technology. 5. The vocabulary used was within the comprehension level of neo-literates. 6. The style of writing was quite stimulating. 7. As far as the reading needs and reading interests were concerned, it was found that the first, second and third preferences were agriculture, religion, and topics related to agriculture. 8. Only a few writers of the reading materials for neo- literates had special training in the area. Very

few were aware of the reading needs and interests of neo- literates. 9. Most of the books were rather difficult for the average reader.

Singh, T.R. (1970) made a case study of literacy in two Indians Villages. This in-depth study was undertaken to find out what motivated adults to learn literacy skills and how they used these skills. One of the villages was situated on the outskirts of Lucknow and the other in the interior where urban facilities were not easily available. Eight adults who had retained some degree of literacy in the former village and six adults from the latter were made the subjects for in-depth study. The case study method was employed. The major findings were:

- (i) A large number of adults attending literacy classes in both the villages were in the age-group of 15-50 years.
- (ii) The adults selected for the case study belonged to middle caste-groups.
- (iii) They were motivated to be literates for varying reasons like, (a) to write their names, (b) to read signboards or labels, (c) to recite religious books or copy songs and sing them in singing parties, and (d) to derive benefits from literacy skills in their work.
- (iv) They had put the literacy skills to work in their occupations or in areas of other interests.
- (v) Agricultural labourers used their literacy skills to put their signature on documents or write their names.
- (vi) Persons working outside the village as masons, carpenters, attendants, etc. used the skills in their daily work reading newspapers, writing letters. Young persons used them for reciting songs from books .

Mariappan, Susheela (1981) made an evaluation of the adult education programme Rural Unit for Health and Social Affairs (RUSHA) in Tamil Nadu.

The study was designed to assess the impact of the 10 month programme on learners in terms of the general objectives of the NAEP, viz., literacy, functionality and awareness. The data were collected through interview schedules and literacy tests. The major findings were : 1. Social activities and film shows were effective in attracting learners to the centres. At some places, the elite had developed a fear that the poor and suppressed would be awakened through the adult education programme and might even rise against them. 2. As to the literacy component of the programme, it found that only 66 percent of learners had been able to acquire literacy skills or to raise their literacy level. 3. As regards the functionality of the programme, about 63 percent of learners had raised the level of their occupational skills. 4. The main causes of failure to achieve full success were irregular functioning of the centres, paucity of funds, lack of interest on the part of animators and want of amenities.

Aikara, J and Henriques, J., (1982) made a study on the functioning of the adult education programme in Maharashtra, TISS, Bombay. The specific objectives of the study were ascertaining (i) the coverage of target groups in terms of the socio economic backgrounds of the learners of the Adult Education Centres (AECs), (ii) the inputs available at the AECs, (iii) the functioning of AECs, in terms of the attendance of the learners and the content of the teaching, and (iv) the learning outcomes of the AECs in terms of achievements of learners. The major findings of the study were: (1) A satisfactory result was observed with reference to opening AECs for priority group learners. (2) The AECs were functioning mostly in instructors' houses.

(3) Evidence of manipulation of registers was seen in the case of at least 15 of the 296 AECS. (4) A majority of the learners expressed positive reactions in terms of application of social awareness in life situations.

Muthaya, B.C. and Hemalatha, L.P. (1982) made a study of the process of implementation of Adult Education in Rural Development in block, NIRD. The objectives of the study were (i) to examine the existing inter-relationship between programmes of adult education and rural development in terms of the extent of involvement of development functionaries at district, block and lower levels, (ii) to explore the factors that promoted motivation of learners and functionaries of adult education at various levels and (iii) to explore methods of improving the functioning of the programme as functional components of rural development. The study was conducted at Pune (Maharashtra State) with a sample of 20 adult education officers, 10 local leaders and 60 leaders. The findings of the study were: 1 Right from the block adult education officer to *gramsevak*, the officers were neither oriented to the adult education programme, nor had they been given any understanding of the development scheme. 2 The duration of training given to adult education functionaries was quite inadequate as judged by the functionaries themselves. 3 The state resource centre did not make any field survey to identify learners' need to develop the required learning and teaching material 4. The adult education programme placed too much emphasis on the literacy component. 5. Involvement of local leaders in the adult education programmes was restricted to providing accommodation for adult education centres and persuading learner to attend the centre. 6 The learners in the adult education programme had a favourable attitude to the programme. However, their perception was limited to

literacy skills and they had no awareness regarding the National Adult Education Programme. 7 Many of the learners dropped out of the programme for reasons like over-busy work schedule and family problems. 8 The learners did not have a clear perception of the benefits of the programme. 9. Most of the learners suggested recreational facilities and mass media exposure through radio and television wherever available. 10. The concept of 'Night Schools' still prevailed among many of the respondents for adult education centres.

Xavier Labour Relations Institute (1982) made a survey of adult education programmes at the Punkum Block, Patna, Bihar. The objective of the project was to evaluate the three essential components, namely, literacy, functionality and awareness, of the National Adult Education Programme of the Punpun block in Patna district of Bihar. Out of 227 adult education centres (150 closed and 67 operating centres) a sample of 30 centres was selected in such a way that both sexwise and communitywise distributions of all the centres were adequately represented. A random sample of five learners, one dropout and one instructor was selected from each centre which made total sample of 150 learners, 30 dropouts and 30 instructors. The data were collected by administering separate questionnaires to learners, dropouts and instructors. Both qualitative and quantitative analysis of the responses was done. The major findings were:

- (i) Sixty-eight percent of the learners earned their livelihood from agriculture and 28 percent of the learners were housewives.
- (ii) Fifty-five percent of the learners belonged to the Harijan community and 45 percent belonged to other communities.
- (iii) All the sample learners had never been to school before joining the

adult education programme.

- (iv) From the families of learners, 52.3 percent of the children in the age group of 6-14 years were not going to the school.
- (v) The purpose of joining the programme for 54.5 percent of the learners was to acquire more knowledge.
- (vi) Most of the learners (96.7 percent) had been advised to join the programme by adult education functionaries.
- (vii) Most of the learners (96.7 percent) were prepared to avail of opportunities in the future for more learning, 40.7 percent of them for attaining social status, 28.7 percent for acquiring more knowledge, 23.3 percent for developing functional skills for more earnings and 22.7 percent for ensuring a better future for their children.

It was found that the performance of the learners in writing and doing simple calculations need improvement.

Ganguli, P.K. (1983) made a preliminary study of model of National Adult Education Follow up Programme at ANS Institute Social Studies, Patna. The major objective of the study was to evaluate the performance of the National Adult Education Programme (NAEP) implemented in a large number of districts in Bihar. A case study of one adult education project, viz., in Sahar, in Bhojpur district, was carried out. In this project, the follow-up programme was launched by adopting a modified version of Model III of the National Adult Education Programme (NAEP), as recommended by the J.P. Naik committee. Data were collected from a large number of villagers, village elites, leaders, neoliterates, and adult education functionaries. The interview

technique, discussion and observation methods were used to collect data. Suitable methods were employed to analyse the data. The major conclusion was that Model III A was quite effective. Some modifications in the model were needed to make the follow up programme more effective.

Lal, M and Mishra, R (1983) made an appraisal of Adult Education in Bihar at A.N. Sinha Institute of social studies, Patna. The main objective of the study was to evaluate the functioning of the adult education programme in Bihar. As implemented through Rural Functional Literacy Projects. The major findings were : 1. The AECs opened for the disadvantaged groups, viz., women and schedule castes, were almost adequate to their proportion in the general population. The attendance recorded by the instructors appeared to be on the high side. Going by the attendance on the day of enquiry it seemed to be moderate and needed improvement. 5. Learners' performance was good in reading and writing and average in numeracy. With regard to up gradation of functional skills and social awareness, most of the learners were aware of institutional facilities and levels. Though ,most of the learners claimed to know about various enactments and social, like legal age of marriage, anti-dowry act, Minimum Wages Act etc. The accuracy of their knowledge was questionable. The source of these pieces of information was the instruction.6. Learners possessed a moderate attitude towards savings. Most of them would like to keep their savings in post office or bank accounts. Only one fifth knew the voting age correctly. Fifty percent participated in elections, from Panchayat to parliamentary. They seemed to prefer Panchayats to recourse to the police or courts for resolving their disputes. 7. Learners, by and large, were not willing to tolerate discrimination or social authorities. They had little faith in personal

or organized protest. 8. The AEP had initiated some changes in certain aspects of learners' life and thought processes. It had also indicated probable areas of structural and institutional changes.

Xavier Labour Relations Institute (1983) made a survey on the adult education in Bihar under a Govt. of India project. The main objective of the project was to evaluate the three essential components, namely literacy, functionality and awareness, of the National Adult Education Programme in Bihar. For the purpose of the study, five blocks in five districts of the state were selected. These were Arkee (Ranchi), Dumaria (Gaya), Kathikund (Santhal Parganas), Latehar (Palamau) and Nimdih (Sighbhum). From each block 14 centres (from Kathikund 19 centres) were selected proportionately on the basis of castes and communities. From each centre, five learners were selected; dropouts were selected at random on the basis of their availability; 75 instructors, 35 supervisors and five project officers were selected for the study. The research tools administered were.

- (i) Interview schedule for learners.
- (ii) Guidelines for literacy test.
- (iii) Interview schedule for dropouts, instructors, supervisors and project officers. Content analysis of the responses was done.

The major findings were:

- (i) Occupationally, most of the learners were marginal farmers and most of them lived below the poverty line, with a per capita monthly income of less than 60.
- (ii) The primary objective of joining the education centre was to acquire the "ability to sign their names", learn how to calculate and obtain

some general knowledge.

- (iii) It was found that an awareness was not matched by utilization. In some areas like agriculture there was high awareness and utilization rate for fertilizers but rather low for irrigation, use of better types of seed or pesticides. In health, such as use of hospitals and primary centres, awareness and the utilization rate were high, but in family planning, although awareness was high, the utilization rate was very low. For the use of banking facilities for deposits or loans, awareness was high but utilization was low. As regards licenses for small business ventures, both knowledge and use were low,.
- (iv) The land reform act, legislation forbidding polygamy, prohibiting dowry, prescribing dowry, prescribing the minimum age for marriage, permitting divorce under certain circumstances, encouraging inter-caste marriage, especially higher castes marrying scheduled castes, and providing monetary incentives to this end were known to less than 50 percent of the learners.
- (v) The instructors were not well acquainted with the legislative measures.

Ganguli, P.K. Pathak, K.N., and Mirza, S. (1984) made a quick appraisal of literacy through adult education at A.N. Sinha Institute of Social Studies, Patna. The major objective of the study was to ascertain the literacy level of the participants in the ten-month adult education programme run through the adult education centres (AECs), in 31 old NAEP projects in Bihar, irrespective of their year of attending the programme. The sample included 4,650 ex-learners of the AECs derived from 31 old NAEP projects in Bihar by adopting the

purposive sampling method (150 ex-learners were selected from each project). The major conclusions were: 1 The literacy level of the respondents was more or less satisfactory in almost all the 31 projects. 2 Respondents were far better in reading than in writing 3. Writing sentences were found somewhat more difficult than writing words and alphabets. 4 The achievement level in reading and writing showed a gradual decline, as the task became more complex; from simple reading and writing alphabets to reading and writing full sentences. But out of the 31 projects, the achievement on numeracy skills was satisfactory in only nine projects.

Mushtaq, Ahmad (1984) made a study of reading interest of new literates at Indian Adult Education Associations New Delhi. The objectives of the study were (i) to determine what types of books the new literate would like to read and (ii) to determine the general factors contributing to the readability of books preferred by them. The study was confined to one district each in Bihar, Rajasthan, MP and UP. One hundred neo-literates (NLS) who had good reading ability were selected from each district, thereby making of the sample of 400 NLS. The major findings were: 1. The readings experience of new learners (NLS) was almost confined to a primer reading everywhere during the entire ten months period. Only 33 percent in Rajasthan and 14 percent in MP read one or two additional books in the centre. 2. Seventy-six percent of the instructors received some books to pass on the NLS but 24 percent had not received any. 3. 57 percent of the NLS read some books, which were either purchased or received by themselves. 4. The books most frequently read were religious books and story books in that order of preference. The reading of useful books, i.e. on agriculture, health , occupation and cottage industries was

almost negligible. 5. All three methods of study showed that what the NLS actually read, what they would like to and their choice out of a number of books presented to them consisted mainly of story and religious books. 6. The reasons indicated by the NLS for liking some of the ten books left with them less than the others showed that the majority of learners had not reached an educational level that would enable them to form opinions, on the shortcoming. One third of the given responses indicated that they found the language difficult in the books presented to them and one-fourth showed that the subject matter was not considered useful. Too small a print size and unattractive format were also considered shortcomings.

Mushtaq Ahmad (1984) made a study on the relationship between the period of learning and levels of literacy attainment. The main objective of the study was to find out the exact level of literacy attainment in a given period of learning, say 70 hours, (Three months), 138 hours (six months), 207 hours (nine months), etc. The study was confined to one district each in Bihar, Rajasthan, MP and U.P. From each district, 500 neo-literates were interviewed. A battery of tests to judge the literacy level of the respondents in reading, writing and arithmetic was used and the attendance of each respondent was calculated from the class attendance register. In all 421 males, 162 females, 497 SCs and 694 STs, were interviewed. Percentages were calculated to analyze the data. The major findings were: 1. Twenty-seven percent of the learners attained the ability to read fluently known individual words not exceeding four letters by the end of three months or 70 hours. The level attained at the end of three months remained constant throughout even by the end of the tenth month. 2. A great majority of the learners (76 percent) acquired

a good understanding of simple illustrated sentences by the end of three months and the percentages of such learners rose to 82 percent in the ninth month. However this ability was severely reduced (57 percent) when the sentences were unallocated. 3. The ability to understand paragraphs increased with increase of the learning period.

Kundu, C.L (1985) made a study of methods of Adult literacy Relevance of Bombay University model. The main objective of the study was to observe the effectiveness of various methods of adult learning in yielding substantial gains in case of those learners who showed interest in the adult literacy programme. The sample of the study consisted of 100 adult learners in the age range of 15 to 25 years having sustained interest in learning. They were divided into five equated groups matched on age, socio-economic status, sex and degree of achievement. These five groups were exposed to five different methods of teaching, viz., (i) The traditional method, where letters are associated with pictures and words; (ii) the alphabetic method, where six letters having similar structure are grouped. The drill of the letter is provided through unconnected words, phrases and sentences; (iii) the method of known to unknown, where through the help of pictures the adult learns a word. Drill is provided by repeating the words in normally meaningful sentences; (iv) The integrated literacy method, where use of meaningful words starts from the beginning, with a choice of different sequences of letters; (v) the Bombay University Model or 'each one teach one' method, where at a time one person made literate by one instructor. The findings of the study were :1. The Bombay University Model was most effective for teaching adults.2. The Bombay University Model satisfied the parameters of learning : (a) the cards used in the

method had names of various parts of the human body and learners, being conversant with their names, showed more involvement in the Cards ; (b) the method satisfied the basic requirements of learning process namely the law of readiness, the law of exercise and the law of effect (c) during the administration of the 20 cards, the need achievement and knowledge of results were well taken care of ; (d) The method put a bilateral obligation on the teacher as well as the learner. The teacher had to expose the learner to various activities and the learner had to complete the stated learning activity ; (e) The method mentioned task involvement, short-term memory and avoidance of conscious memorization;(f) in the method, the learner was allowed to proceed at his own pace; it employed meaningful material which was sufficiently known and challenging to the adults.

Singh, J. (1985) made a study on the patterns of literacy in Bihar in Bhagalpur University. The main objective of the research was to study the patterns of literacy in the state of Bihar. The study was based on information gleaned from diverse sources. This treatise sought to illustrate the core character of the socio-economic problem representing a palimpsest of several centuries of change taking place in the environment. Some of the major conclusions were:

- (i) The physical, economic and socio-cultural settings had combined to influence literacy growth. The means of communication, mode of transport, basic infrastructure, economic development socio-cultural milieu, etc. had played their roles in alleviating mass illiteracy.
- (ii) The slow pace of literacy growth in Bihar was a legacy of the past. Past heritage, traditions, social backwardness and relatively low

economic development were the factors leading to growth at a snail's speed.

- (iii) That the majority among the masses were poverty-stricken, with low levels of social consciousness and relatively levels of innovativeness made Bihar's population one of the least literate in the country.
- (iv) The impact of caste, with its hereditary occupations, overall ostracism practices and general penury made all the difference between a relatively high growth rate in certain pockets of development compared to wide areas of backwardness and big chunks of economically retarded tracts.
- (v) Acceleration growth accompanied by its staggering implications stood as a stumbling block in the way of realization of even modest goals in the levels of education and literacy.
- (vi) Bihar is poor not because of an inadequacy in its resource endowment but because wealth remains unutilized and also because there is little drive and initiative on the part of its statesmen and planners to give priority to education in the state's annual budget.

Among various heads of expenditure, education had always remained a step-child. The conditions that obtained in the region were due to action and interaction of a gamut of factors- geographical, historical, social and economic all of which played their part in creating a situation leading to a comparatively lower literacy level.

Mishra, N. (1986) made an investigation into the organization curricular and motivational aspects of the Adult Education Programme, in Salipur College. The major objectives of the investigation were (i) to study the

organizational structure of the Adult Education Programme (AEP), (ii) to assess the curriculum and instructional materials of Adult Education Centres (AEC), (iii) to appraise the impact of adult education upon the life and activities of learners, (iv) to identify different problems of the AEP, and (v) to study the motivational aspects of both learners and functionaries. The study was delimited to AEP centres sponsored by the UGC and organized at college level in Salipur Block of cuttack district of Orissa state. Ten male centres and ten female centres were included in the sample. The major findings of the study were : (1). Five percent of the centres closed down at the initial stage of their functioning. (2). All the AECs functioned in rural areas in village schools,village assembly halls, and village temples. (3). Hygienic conditions were unsatisfactory in AECs. (4). The attendance was very poor in the rainy season, harvest season, marriage season and during festivals.The average attendance was around 18. In women centres, the attendance was crowded with married women. (5). There was shortage of teaching aids in all the centres. (6). The teaching of the 3Rs was dominant in the AECs. (7). The curriculum was not properly related to the life and needs of the learners. (8). Emphasis was not given to the co- curricular activities of the learners. (9). In most of the centres monthly and periodical examinations were conducted. (10). The dropout rate was about 25 percent. Humiliation by illiterate friends and discouraging remarks of relatives came in way of motivation of learners to continue with their studies. (11). Women were appointed as instructors in women AECs and men in men AECs. (12). No emphasis was laid on follow –up activities. (13). The villagers were indifferent to and non- cooperative in the management of AECs. 14. Supervision by higher authorities was not satisfactory.15. The prescribed syllabus was not followed properly .16. Complaints were made by the functionaries regarding non- availability of prescribed primers.

Gode, M.A. (1987) made a case study of National Adult Education Programme as included in the New Twenty point Programme of the Government of India with reference to the project devised and implemented by the University of Bombay in Bombay University. The main objectives of the research were (I) to study the historical perspective of adult education in the country (ii) to study the changes in the concept and forms of adult education from time to time,(iii) to examine the gains and limitations of the National Adult Education Programme (NAEP), (iv) to study the contribution of Indian universities towards adult education in the context of their acceptance of extension as the third dimension of the university system, and (v) to assess the impact and utility of each one, teach one' project devised and implemented by the University of Bombay with a view to replicating and paving a way for further innovations. The major conclusions of the study were : 1.Literacy efforts were unable to match the growth in population. 2. The history of adult education showed that there were constant efforts, though feeble, to remove illiteracy in one form or the other. 3. The NAEP as well as other programmes for removal of adult illiteracy had not been in a position to achieve the targets set. 4. Both boys and girls were equally interested in the 'each one, teach one' project. 5. Since every student instructor had to identify only one adult illiterate to teach the identification of the learner was not difficult for the students. 6. The importance of literacy was realized by the illiterates and this realization could serve as a major motivational factor. 7. The alphabetic method was deeply rooted in the minds of the student- instructors. 8.The project of 'each one, teach one' was capable of securing the involvement of the maximum number of student instructors. 9. Strong motivation led to regular attendance irrespective of personal problems. 10. Stories and novels carried the highest

reading interest among neo-literates. 11. The teaching skills of the instructor were not only understood but also appreciated by the learners. 12. Use of material relevant to life and felt needs made learners' knowledge functional.

Mohapatra, P. L. (1987) made a comparative study of views of adult literate and illiterate women towards early marriage and family size at SCERT ORISSA. The objectives of the study were (1) to know the views of literate as well as illiterate women towards early marriage and family size, (ii) to study the influence of the literacy factor on population control , and (iii) to identify the accepted age range of marriage of girls.

The study was conducted on a sample of 100 women in both the groups of literate and illiterate women. The findings of the study were : 1. Almost all the doctors were very keen about the small family norm and delayed marriage. 2. Doctors, teachers, officers and non working literate women had differences in their attitude towards a small family and early marriage. 3. However, all of them were in favour of a family and delayed marriage. 4. In the case of illiterate women, 25 percent of the respondents were not in favour of delayed marriage. 5. Almost 30 percent of illiterate housewives were for delayed marriages. 6. The illiterate women were in favour of having five to six children because of infant mortality. 7. The educational qualifications of women had a significant effect on their attitude towards family size and marriage age.

Soundian, Selvaraj M (1987) made a study on the application of behaviour modification techniques in educating adult learners post literacy centres in Madras University. The main objective of the study was to devise and implement instructional programmes for post literacy centres using selected

behaviour modification techniques. Six techniques were selected for experimentation, viz., shaping, knowledge of results, knowledge of objectives, the premack principle, token rewards, and rewards, and group and individual learning. The major findings were:

- (i) The selected behaviour modification techniques were found to be effective techniques of learning for the neo-literates.
- (ii) The techniques in the order of efficacy arranged themselves as knowledge of results, premack principle and knowledge of objectives.
- (iii) In knowledge of results and premack principle the techniques, group rewards proved to be more efficacious than individual rewards.
- (iv) In the knowledge of objectives technique, individual rewards were more effective than group rewards.
- (v) Token rewards had no major effects on achievement.

Sahasrabudhe, A (1988) made a study on integration of health and adult education for women with focus on training of functionaries in Poona University. The objectives of the study were:

- (i) To investigate the possibility of improvement of female adult education through planning of a programme based on women's major areas of interest.
- (ii) To study the possibility of integration of adult education and health education.
- (iii) To investigate the nature and functioning of the adult education programme for females in the context of training of functionaries, needs of women clientele, and.

(iv) To investigate the nature and functioning of the community-oriented health education programme in the context of training of functionaries and needs of women and children. The major findings were:

1. The hypotheses that mother-craft training helped generate more interest was proved.
2. Regular training proved invaluable.
3. A need-based syllabus ensured improved output.
4. Material support, especially visual aids, provided on a library basis ensured definite discussion of the topic in the class and better retention by both learners and instructors.
5. Instructors notebook with points dictated by the investigator helped retention and recall of knowledge.
6. Skills training in craft was found to be useful.
7. A qualitative change was observed in the experimental classes in terms of regularity of attendance, enthusiasm to learn and start new projects and demands new programmes, active participation, better two way communication, better performance etc.

2.2.2 CURRICULUM DEVELOPMENT

Pires, E.A & Katyal, K (1957) made a study on the building up a social studies curriculum for the CIE basic school, New Delhi. The purposes of the study were-

- (i) To develop a social studies curriculum suitable for Junior Basic classes.
- (ii) To demonstrate how Basic School teachers can and should develop

their own curriculum.

- (iii) To show how current events can be woven into the social studies curriculum at Junior Basic stage,

An specially constructed 'Social Studies Achievement Test based on the syllabus covered, gave the scores ranging from 29% to 84% for grader II, from 30% to 89% for grade III, from 22% to 75% for grade IV and from 26% to 83% for grade V. The tests generally represent only the information part of the curriculum and do not attempt to cover all that has been done in the social studies. They exclude activities altogether.

Dave, R.H. and Saxena, R.C. (1965) made a study on the curriculum and teaching of mathematics in the higher secondary schools in NCERT, New Delhi. The objectives of this study were –

- (i) To study the existing curriculum, textbooks and teaching methods in mathematics in higher secondary schools of various states.
- (ii) To develop a new curriculum in mathematics in the light of the experimental curriculum by adopting suitable techniques of teaching and learning.

The analysis of syllabi and textbooks was extended to all states but study of teaching learning situations, was continued to only four states, Viz.- Bihar, Gujarat, Mysore, and the Punjab and the Union Territory of Delhi. The major findings of the study were-

- (i) Most syllabi did not specifically mention any objective of teaching mathematics.
- (ii) Even where these were recorded, consideration was given to
 - a. Computational skills and abilities including knowledge of

mathematical concepts, facts and principles.

- b. Utility of mathematics application of mathematical knowledge to solve everyday problems, select the relevant facts, reject the irrelevant ones, etc.
- c. In listing the content, all syllabi had followed the logical sequence of different mathematical process.
- d. Most syllabi did not define clearly the scope of a topic.
- e. In all books problems were provided but no book encouraged problem solving as a method of learning mathematics.
- f. Of the 14 teachers observed during classroom teaching only 40 usually linked a lesson with the premises.
- g. In introducing a new topic, about 90% of the teachers talked about the subject and did not encourage pupils participation.
- h. Not even fifty percent of the teachers ensured that the new concept had been learnt property.

Only about 26% of the teachers corrected the home assignments with or without suggestions for improvement and majority of the teachers just signed the notebooks.

Chaturvedi, MG & Mohale, B. V. (1972) made a study of the position of language in School curriculum in India at NCERT, New Delhi. The main purpose of the study was to assess the position with regard to the study of different languages, at different stages of school education, in the states and Union territories of India. Information related to the problem was collected through questionnaire, by personal contacts with the education departments, and through other agencies dealing with school education. The study revealed

that there are more than 50 languages taught at schools in different parts of the country and they belong to 5 major language families of the world, i.e., Indo European, Dravidian, Austric, Sino-Tibetan and Semitic. Literary language is taught as first or second language and is also used as a medium of instruction. Non-literary language is taught as mother tongue and used as a medium of instruction in first few years of school education in tribal regions only. Modern foreign language and Indian classical language are taught as second language. At primary stage, children are taught only one language, but after that more than one language is taught compulsorily, besides mother tongue or first language. Since two or three languages are taught compulsorily at middle and secondary stages, time allotted for language teaching is more than 40% of the total time available for teaching purposes in school time table.

Raja Gopalan, S.A. (1972) made a critical study of the English curriculum at the primary and secondary stages of education in the Madras State in Annamalai University. The main purpose of the present study was, in the light of present position of English in Tamil Nadu to examine and identify inadequacies in respect of objectives of teaching English, present English syllabus, text books used, audio-visual aids available, methods of instruction followed, organization of English curriculum and the administrative barriers in implementing it., the evaluation procedures utilized, and to suggest remedial measures in all respects. The normative survey method was used in the study. The tools comprised three sets of questionnaires, interviews and documentary analysis. 100 secondary and 104 primary and upper primary schools were involved in the study. The data were analysed by appropriate statistical techniques. The findings of the study revealed that:

- (i) Nearly 29.3% English teachers are untrained.
- (ii) Majority of the teachers, supervisors and parents supported English to be compulsory at school stage.
- (iii) Inadequate syllabus, unsuitable textbooks and very poor methods of instruction are some of the potential factors in deteriorating the learning situation.
- (iv) Appointment of subject inspectors for English, offering two courses in the subject – one ordinary and the other advanced use, of structural method of instruction and use of suitable audio- visual aids, proper training of teachers, and scientific evaluations of pupils performance in the subject are some of the major remedial measures suggested.

Ghosal, T (1973) made an enquiry into the curricular trend in the secondary schools of India during the British Rule in Calcutta University. The objectives of the study were-

- (i) To test the validity of the educational system of the country which had always been to some extent, the microsm of the larger social system.
- (ii) To analyse the curricular trends in secondary education in India in context with the development in England.

The study was chiefly based on library resources, authentic works on education in British India, reports and minutes of government official. The findings of the study were-

- (i) The secondary school curricula, both in India and England introduced reforms when it needed an adjustment with the changes in

the social, economic or political spheres.

- (ii) When curriculum reforms were introduced gradually, it suited well with the system.
- (iii) The reformers of Indian education studied foreign systems of education and tried to derive benefit from it, which resulted into a system unsuitable to the Indian situation.
- (iv) The secondary schools in India had failed in its objectives for the simple reason that its curriculum was an imitation of the British model without proper consideration of the social, economic or cultural context of the nation.

Shukla, G.B. (1975) made a critical study of curriculum development at the stage of elementary education in the state of Gujarat during (1940-70) in Gujarat Vidhyapeeth. The main objectives of the investigation were:

- (i) To review the changes introduced in the curriculum of primary education during the year 1940-70
- (ii) To make a comparative study of the modifications introduced in the curriculum.
- (iii) To study critically the primary school curriculum introduced in Gujarat in 1967.
- (iv) To inquire into the factors responsible for the curriculum change.
- (v) To evaluate the various curricula of primary schools during the years (1940-1970). The investigation also developed a scheme of curriculum construction.

The sample included 25 headmasters, 30 teachers, 10 supervisors from each district in the state and 60 teacher educators from 10 primary teacher

training colleges. The total number of respondents were 1184. The major findings of the investigation were-

- (i) The primary education curriculum was divided into two phases, for classes I to VI and for classes V to VIII.
- (ii) Lack of practical knowledge, inadequate arithmetic in the lower classes, a heavy load of subject matters, rather than understanding were the major defects of primary school curriculum.
- (iii) The respondent felt an urgent need for a continuous programme of monitoring and evaluation of the curriculum.
- (iv) The need to undertake studies for improvement or teacher motivation was felt.
- (v) Teachers and teacher educators felt a lack of improvement in the process of curriculum construction.

Uppal S.S. (1977) made a study on the development of curriculum in science for secondary schools in the state of Maharashtra in Bombay University. The objective of the study was to develop a curriculum in science for standard VIII of the secondary schools in the state of Maharashtra. The main findings of the study were.

- (i) The existing syllabus in force in the state needed modifications.
- (ii) The syllabus suggested by the investigator was effective.

Sundaraj, S (1978) made a study on the development of curriculum on population educations for college students. The major objectives of the study were-

- (i) To prepare a curriculum on population education for collegiate

students.

- (ii) To examine its efficacy in terms of pupils' knowledge, understanding, application as well as conditioning, awareness, opinion and attitude and
- (iii) To make suggestions and recommendations for effective use of population education curriculum at the collegiate level.

The findings of the study were-

- (i) Improvement in overall performance through instruction was shown by the significant difference in the mean scores of the experimental group in the post test as compared to those in the pre-test
- (ii) Performance of the experimental group in the post-test was significant higher than that of control group on conditioning scores.
- (iii) Performance of the experimental group on awareness scores in the post-test was significantly higher than that of the control group.
- (iv) Performance of experimental group on the opinion scores in the post test was significant higher than that of the control group.
- (v) The adjusted post-test mean attitude score of the experiment group was significantly higher than the adjusted post the mean score of the control group.

Arona, GL & Gupta B.P. (1981) made a study on comparison of curriculum load at the secondary stage in different states (Delhi, Haryana, Maharashtra, Kerala), curriculum group at NCERT, New Delhi. The major objective was to analyse the load of curriculum on students of secondary stage, e.g., classes IX and X. The main findings of the study were:

- (i) In Delhi at the secondary stage, the existing curriculum in English,

mathematics and Hindi were considered negligibly heavy while the curricula in science and social studies were considered somewhat heavy by teachers. In the opinion of students, science was the only subject with a heavy curriculum.

- (ii) In Maharashtra the existing curricula in English and Social Studies were considered negligibly heavy while the curricula in Marathi, Science and Mathematics were considered to be somewhat heavy. In the opinion of students science was the only subject with a heavy curriculum.
- (iii) In Haryana at the secondary stage, the present curricula in all the five subjects namely English, Hindi, Science, Mathematics and Social studies were negligibly heavy. According to students mathematics had a heavy curriculum.

In Kerala at the secondary stage the curricula in English, Malayalam, Mathematics and social studies were somewhat heavy while that in science was considered to be negligibly heavy students considered mathematics to be the only subject which had a heavy curriculum.

Gothiverekar, S. R. (1997) made a study on the secondary school curriculum in the province of Bombay and critically analyse and examine its basis, present structure and future reconstruction in Bombay University. The aims of the study were:

- (i) To study the objectives and principles underlying the secondary school curriculum in the province of Bombay.
- (ii) To suggest ways for the reconstruction of the curriculum based on a study of the working of the present curriculum.

The data were collected through survey of past and present curricula and syllabi in the Bombay Province. A sample survey was made in fifty five schools in Bombay city and six high schools as well as seven vocational high schools in Navasari. The questionnaire was sent to the principals of these sixty-eight school. An analysis and evaluation as well as a critical review of each of the different curricula of secondary schools in the Bombay province were made for accomplishing a comparative study. The main conclusions are –

- (i) Due to political pressure, there is undue dominance of the English language since the advent of the British rule to the present day.
- (ii) The undue importance given to the English language and to the matriculation examination has narrowed the purpose of secondary education.
- (iii) Subjects such as drawing art, craft, music, physical education, religious cum moral instruction, are neglected.
- (iv) Due attention is not paid to practical and vocational education.
- (v) Under emphasis is laid on English medium consequently the mother tongue and the Indian languages are neglected.

Jain, K.C.S. (1997) made a study on evaluating commerce curriculum at the under graduate level in relation to the job requirement of the bank employee in Rajasthan University. The main purpose of the study were-

- (i) To analyse and critically examine the prevalent B. Com (Pass) curriculum for the year 1976 of the University of Rajasthan with a view to assessing its efficiency in preparing graduates for performing the required bank jobs successfully.
- (ii) To study the magnitude of contribution of the independent variable,

namely B. Com degree, job experience, age and intelligence, on the job success of bank employees.

The major findings of the study were as follows:

- (i) Overall job performance in banks of commerce and non-commerce groups was approximately of equal standard.
- (ii) There was correlation between age and job performance and age does not affect job performance.
- (iii) No correlation between job performance and job experience in banks.
- (iv) When commerce and non-commerce groups were studied separately, it was found that intelligence was not related to job performance. But on combining the two, significant correlation was found between intelligence and job performance at 0.05 levels.
- (v) All the college teachers, bank managers and bank employees opined that only a part of banking skills were included in commerce curriculum and because of this there was no significant difference in the job performance of commerce and non commerce graduates in the banks.

2.2.3 HEALTH EDUCATION

Chillemma, M (1978) made a study on experimental non-formal nutrition education programme for rural women in Madras University. The major objectives of the study were:

- (i) To develop a comprehensive nutrition education curriculum with content and messages to be delivered to the mothers along with health and nutrition programmes of the maternity and child care

service.

- (ii) To evaluate the overall effectiveness of the material thus developed.
- (iii) To identify socio-economic and demographic factors associated with gain in nutritional knowledge.

The major findings of the study were (i) The gains registered by the respondents in the experimental group were significantly higher than those registered in the control group. (ii) Mother living in huts registered lower gains in nutritional knowledge than those living in pucca houses the scheduled castes recorded significantly higher gains for knowledge regarding the functions of food than the upper castes (iii) Nutrition education resulted in higher per capita expenditure on food (iv) The experimental group showed greater awareness about the existing services like school lunch programme, immunization, etc. (v) The overall gains in nutritional knowledge in the experimental group correlated negatively with the age of respondent and number of children but correlated positively with per capita monthly expenditure and percentage of attendance normal education classes.

Central Regional Centre, Jabalpur, Conducted a project on nutrition, health education and environmental sanitation in primary schools (1981). The main purpose of the project was to develop instrumental material for students and teachers relevant to local environment and to implement the programme in selected schools and evaluate the impact of the programme. Results of the project showed that impact was observed in awareness of the cleanliness of clothes, hand, feet and cutting of nails-

Chandramani, M (1988) made a study on the impact of nutrition education at different levels at Avinashlingam Institute for home science and Higher Education for Women.

Pflug, Bernd (1988) made a study on the preventive aspects of Ayurveda in people's education in university of Kerala.

Gopalan, C (1989) performed a study of the current status and relevance of community nutrition and health programmes, through the health care system at Nutrition Foundation of India, New Delhi.

Kamble, Goraknath, (1989), made an indepth study of health education in rural areas of Talegoan Dabhade primary health centre.

Paul, Dinesh and Kaur, Tejinder (1989) made an independent study on the nutrition component of ICDS National Institute of Public Cooperation and child Development, New Delhi.

Potdar, Rajkamal S. (1989) conducted a study on mobilizing education to reinforce primary health care through school children as change agents and revitalizing the school health programme to attain the ultimate goal, health for all by AD 2000 in Shreemati Nathibai Damodar Thackersey Women's University.

Dhanasekeran, G. (1990) made a study of the awareness of primary and middle school teachers regarding health promotion among school children in Madurai Kaamaraj University .

Ramamohan, Vijaylakshmi (1990) made a study on nutrition education for adolescents (13-15 years) through games in Srivenkateswara University, Andhrapradesh.

Sreedevi, V (1990) made an investigation on knowledge, attitude and practices of nutrition among adult education programme instructors in Andhra Pradesh in Srivenateswara University, Andhra Pradesh.

Upadhyay Basant (1990) made a study of the development of literacy and post literacy material on health for illiterates and new literatures at Dayalbagh Educational Institute, Agra.

Bhallacharya, Shukla (1991) made an impact study on project nutrition, health education and environmental sanitation at NCERT, New Delhi.

Gowri, K (1991) investigated the impact of nutrition education imparted through mass literacy programme at Avinashilingam Institute for Home Science and Higher Education for Women.

Panachakel, Thomoskutty G (1991) made an investigation on health education and community development at Indian Institute of Education, Pune.

Pattnaik, A (1991) performed a study on nutritional status and its effects on physical development and educational achievement in Utkal University.

Verghese, Mary (1991) performed a study of the health status of primary schools pupils and its influence on achievement for training a school health programme in University of Kerala.

Kurz, Kathleen M (1994) investigated six principles for promoting the nutritional status of adolescent girls in developing countries at International Centre for Research on Women, Washington.

Nayar, Usha (1994) conducted a study on traditional practices affecting the health of women and children in second United Nation Regional Seminar on Human Rights.

Kurz, Kathleen M (1995) made a study on health and nutrition of adolescents in developing countries at International Centre for Research on Women, New York.

After survey of related literature it was concluded that several efforts on curriculum development have been made in foreign countries as well as in Indian situation concerned. The finding of these researchers were helpful to move the curriculum according to existing needs of the learner. These studies show the weaknesses of curriculum at different levels and also helped to suggest the novel ideas related to learning experiences, content and instructional strategies. The studies on health education revealed that awareness of the learners towards their scientific, social and cultural environment is a scientific approach.

Scientific research related to adult education in our country has to be the commitment of the national because of its direct relevance for improving the existing condition of the poor. The research findings and results of this field are of immediate use and are very helpful to promote this programme. The efforts of university in this direction is appreciable.

The review of related literature also indicated that attempts in curriculum development, health education have been made in India since long. Generally these attempts have been done at school level. Like school students, it is essential to develop awareness, right attitudes in adult learners, which requires a well prepared curriculum directly related to their like experiences. The occupation of an adult woman learner is an important fact to be considered through which an adult educator can enter into her psychological world.

Thus, it can be said whatever researches conducted in the field of adult education have no relevance with prevailing conditions and far from realistic situation, which create dilemma of mental exercises. Here, the researcher has tried to synthesize the three dimensional nature of the content according to the urgent need of the adult learners in their own environment. This has to enhance the efficacy of the content provided to them as well as sustain their inner urge to read and motivate for desirable learning.

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CHAPTER-III

DESIGN OF THE STUDY

3.0 THE FIRST PHASE

3.0.1 OBSERVATION OF EXISTING BIO-PHYSICAL

ENVIRONMENT OF NEO-LITERATES

3.0.2 REVIEW OF EXISTING POST-LITERACY MATERIAL

OF NEO-LITERATES AVAILABLE AT VARIOUS

ADULT EDUCATION CENTRES OF BIHAR STATE

3.1 THE SECOND PHASE

3.1.1 THE SAMPLE

3.1.2 COLLECTION OF DATA

3.1.2 STATISTICAL PROCEDURE

3.2 THE THIRD PHASE

DESIGN OF THE STUDY

The procedure is an important phase of research and the design of the study is of prime importance in attacking any research problem in a scientific manner. This study was conducted under three phases.

Description of these phases are as follows:

3.0 THE FIRST PHASE

It can be described under the following points:

- 3.0.1 Observation of existing bio-physical environment of neo-literates.
- 3.0.2 Review of existing, post literacy material of neo-literates available at various adult education centres of Bihar State.

3.1 THE SECOND PHASE

This phase involved-

- 3.1.1 The sample
- 3.1.2 Collection of Data
- 3.1.3 Statistical Procedure

3.2 THE THIRD PHASE

This phase involved development of literature for neo-literates which has been described in chapter V.

3.0 THE FIRST PHASE

- 3.1 The researcher made a survey of localities existing nearby the adult education centres. He found that neo-literates were living in kachcha house having poor facilities. Few were residing in Pakka house, they have better facilities for proper living like electricity, proper sanitation, and proper drainage system etc.
- 3.0.2 Researcher made a review of post literacy material available on adult education centres. He found that various booklets were available on centres that convey message to neo-literate for better living. Various themes were covered by these booklets. These themes were elaborated with the help of short stories, poems, lok katha etc.

3.1 THE SECOND PHASE

3.1.1 The sample:

A sample of 100 neo-literate women was selected from continuing education centres running by non-governmental organization in Bihar. The name of the NGO is 'BHOR'. District-Bhojpur, Headquarter – 'Arrah' & Block-Barhara was taken for the study where three centres named Ghundi, Farna & Barhara Village were taken for the study. The simple random sampling method was used to select the sample. The number of neo-literates selected from above mentioned continuing education centres are given below.

S. No.	Name of the Centres	Number of the neo-literates
1.	Ghundi Continuing Education Centre	30
2	Barhara Continuing Education Centre	33
3	Farna Continuing Education Centre	37
	Total	100

3.1.2 Collection of Data:

To collect the data, researcher contacted to the Secretary, 'Bhor', NGO and he requested him to arrange the classes. After few days the researcher again contacted to the secretary and made the same request. The secretary accepted the request and allotted one block – 'Barhara' for data collection. The researcher was guided by the secretary and instructed to meet the coordinator of the continuing education centres of Barhara block. After taking much pains researcher could become able to meet the coordinator. He specified the objectives of the study to him. The coordinator arranged the classes in three continuing education centres of the block. The centres were Ghundi, Barhara and Farna. The name of the block and one of the three centre is same ie. 'Barhara'.

The procedure adopted at the time of data collection was that the researcher administered a pre-test in the form of questionnaires to whole group of one centre. The neo-literate women were instructed to give the responses truthfully and honestly. They were also requested to put a tick mark against the correct response. It was done to know their background knowledge and understanding of the content that they have studied at continuing

education centre. The time given to neo-literate women to fill the questionnaire was one hour. After one hour questionnaire were taken back by the researcher.

On the next day the researcher started to teach the developed curriculum which was in the form of stories. Each and every story was taught every day. While narrating a story some historical, geographical, economical and scientific aspects related to the story were also discussed. It helped the researcher in creating interest among the neo-literate women. After teaching the story, an evaluative exercise (post test) was done by the neo-literate women. Each and every story was given the same treatment. Therefore, the number of days spent to cover all the stories were 20.

This procedure was adopted by the researcher at each continuing education centre for the collection of data.

The researcher found that the neo-literate women were very much interested and enthusiastic to know more about health problems. In order to maintain their interest the researcher gave reinforcement to them in the form of first, second and third prizes on the final day. The functionaries of the continuing education centres appreciated the efforts of the researcher.

After collecting the data the researcher gave thanks to all the authorities. The programme coordinators invited him as a guest of the centre to attend the farewell programme. In this programme they gave an opportunity to each and every learner to come on the stage to know what they have learnt in the classes through the curriculum taught by the researcher. The verbal responses of neo-literate women were favourable that has obviously shown the effectiveness of the curriculum developed by the researcher.

3.1.3 Statistical Procedure

The pre-post score difference of the whole samples had been shown by comparing their percentage scores in pre-test and post-test. The researcher had made a centrewise comparison first, of pre-test and post-test percentage score and then comparison of the performance in pre-test and post-test for the whole sample was made by him. In order to show this difference of pre-test and post-test scores statistically, the researcher has assumed two samples of same size but with different characteristics.

i.e. n_1 = number of neo-literates whom pre-test

percentage score are taken = 100

n_2 = number of neo-literates whom post-test

percentage scores are taken = 100

$n_1 = n_2 = 100$

Now, the researcher has formulated a null hypothesis

$H_0: \mu_1 = \mu_2$ (there is no significant difference between the mean level of scores in pre-test and post-test)

μ_1 = mean of pre-test scores

μ_2 = mean of post-test

The alternative hypothesis –

$H_1: \mu_2 > \mu_1$ (the mean of post-test score is greater than the mean of pre-test (scores)).

Testing of Hypothesis:

With the application of a suitable statistic called as test statistic the probability of H_0 and H_1 was reflected. Many of the distributions of the sample mean, sample various etc tend to normality for large samples.

Calculations:

The researcher has calculated sample means \bar{x}_1 and \bar{x}_2 and sample variances s_1^2 and s_2^2 with the use of a latest computer software package for statistical analysis. The name of this package is SPSS (Statistical Package for Social Science) of version 13.

Now, the following normal test statistic was applied:

$$Z = \frac{\bar{x}_1 - \bar{x}_2 - E(\bar{x}_1 - \bar{x}_2)}{S E(\bar{x}_1 - \bar{x}_2)} \sim N(0,1)$$

Where, \bar{x}_1 and \bar{x}_2 be the means of samples of size n_1 and n_2 respectively, $n_1 = n_2$.

$E(\bar{x}_1 - \bar{x}_2)$ = Expected mean difference

$S E(\bar{x}_1 - \bar{x}_2)$ = Standard error of the mean differences.

According to the null hypothesis,

$$E(\bar{x}_1 - \bar{x}_2) = 0, \quad E(\bar{x}_1) = \mu_1$$

$$E(\bar{x}_2) = \mu_2$$

Here
$$Z = \frac{\bar{x}_1 - \bar{x}_2 - E(\bar{x}_1 - \bar{x}_2)}{S E(\bar{x}_1 - \bar{x}_2)} \sim N(0,1)$$

Where
$$S E((\bar{x}_1 - \bar{x}_2)) = \sqrt{\frac{\sigma_1^2}{n_1} + \frac{\sigma_2^2}{n_2}}$$

Now, Z becomes

$$Z = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}} \sim N(0,1)$$

If the calculated value of $|Z|$ is greater than the tabulated value at 5% level of significance, the null hypothesis is rejected, otherwise accepted.

The effectiveness and the suitability of materials was also judged by determining the coefficient of variation (CV) for both pre-test and post-test scores by the use of the following formula-

$$\text{Coefficient of variation (CV)} = \frac{\sigma}{\bar{x}} \times 100$$

Where σ = standard Derivation

\bar{x} = mean of the sample

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CHAPTER-IV

ANALYSIS AND INTERPRETATION OF DATA

- 4.1 CENTREWISE COMPARISON OF PRE-TEST
PERCENTAGE SCORES OF THE NEO-LITERATES**
- 4.2 CENTREWISE COMPARISON OF POST-TEST
PERCENTAGE SCORES OF THE NEO-LITERATES**
- 4.3 CENTREWISE COMPARISON OF THE PRE-TEST
PERCENTAGE SCORES WITH THE POST-TEST
SCORES**
- 4.4 STATISTICAL TEST OF DIFFERENCE BETWEEN PRE-
TEST SCORES AND POST-TEST SCORES**
 - 4.4.1 FORMULATION OF A NULL HYPOTHESIS AND ITS
TEST**
 - 4.4.2 DETERMINATION OF COEFFICIENT OF
VARIATION (CV) FOR PRE-TEST SCORES & POST-
TEST SCORES.**
- 4.5 CENTREWISE COMPARISON OF MEAN AND
STANDARD DEVIATION OF PRE-TEST AND POST-
TESTS**

ANALYSIS AND INTERPRETATION OF DATA

It is rightly said that the dependability and generalizability of the finding of the research study, to a large extent, are determined by the techniques used for analysis and interpretation of data. If data are not analysed by using appropriate statistical techniques the study is likely to result in misleading findings. Being an important phase of a research study this phase includes more clarification as to reach on a particular target. For the sake of the convenience the data were analysed under the following heads:

- 4.1 Centre-wise comparison of pre-test percentage score of the New-literates.
- 4.2 Centre-wise comparison of Post-test storywise percentage scores. For the convenience of the interpretation of the available data the researcher has made the content-area wise comparison.
- 4.3 Centre-wise comparison of the pre-test percentage scores with the post-test score of the whole text (20 stories were taken together).
- 4.4 Statistical test of difference between pre-test scores and post-test scores. This test has been done in the following two ways-
 - 4.4.1 Formulation of a null hypothesis and its test.
 - 4.4.2 Determination of Coefficient of Variation (CV) for Pre-test Score & Post-test Scores
- 4.5 The centrewise comparison of mean and standard deviation of pre-test and post-tests.

4.1. CENTRE-WISE COMPARISON OF PRE-TEST

PERCENTAGE SCORES OF THE NEO-LITERATES.

The total number of items on pretest was 28 (twenty eight). This pre-test was administered to three continuing education centres- Ghundi, Barhara and Farna. Out of 840 items, 576(68.57%) right answers at Ghundi, out of 1036, 698 (67.37%) right answers at Barhara and out of 924, 615 (66.57%) right answers at Farna were given. These findings revealed that the neo-literates of Ghundi were comparatively more aware about health and its allied problems than other neo-literates studying at Barhara & Farna. (Table 4.1)

4.2. CENTRE-WISE COMPARISON OF POST-TESTS

PERCENTAGE SCORES OF THE NEO-LITERATES

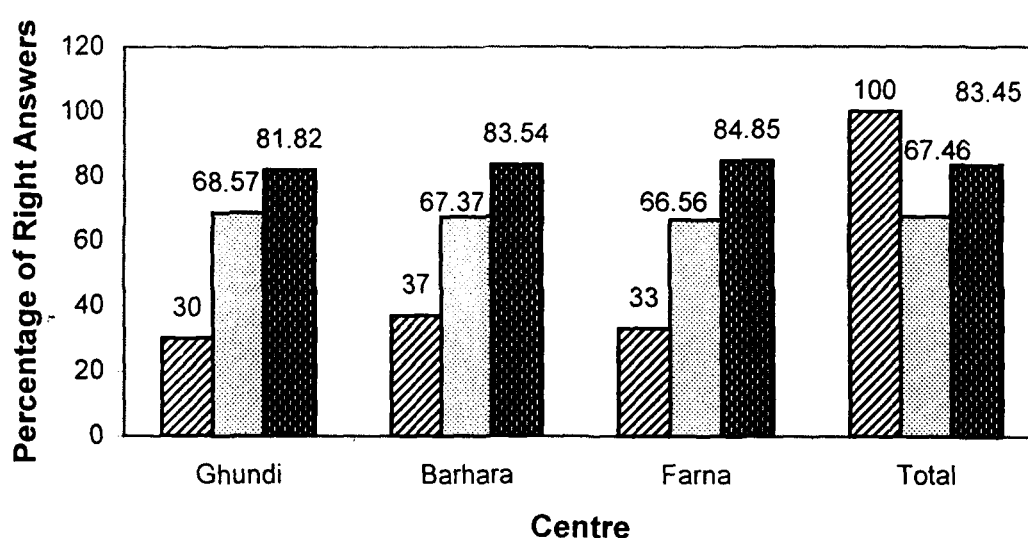
For the convenience of the interpretation of the available data the researcher has made the content-area wise comparison.

(A) CONTENT AREA – NUTRITION:

The first story – ‘Behoshi’ consists of 11 multiple choice post test exercise questions. Therefore, 330 (11x30) items were asked at Ghundi and 270 (81.82%) right answers were found, 407 (11x37) items were asked at Barhara and 340 (83.54 %) right answers were given. 363 (11x33) items were asked at Farna, out of which 308 (84.85%) right answers were given. Thus it was found that post test performance at each centre was better than the pre-test performance of neo-literate women at each centre. It was also observed that the respondents of Farna continuing education centre could understand the story –‘Behoshi’ more clearly than the respondents of other centres (Table 4.1).

Table- 4.1
Pre-Test v/s Post Test (Story-I Behoshi)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondents	30	37	33	100
	Total Questions	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test Story-1 (Behoshi)	Total Respondent	30	37	33	100
	Total Questions	330	407	363	1100
	Total Right Answers	270	340	308	918
	% of Right Answers	81.82	83.54	84.85	83.45
	Average Right Answers	0.82	0.84	0.85	0.83



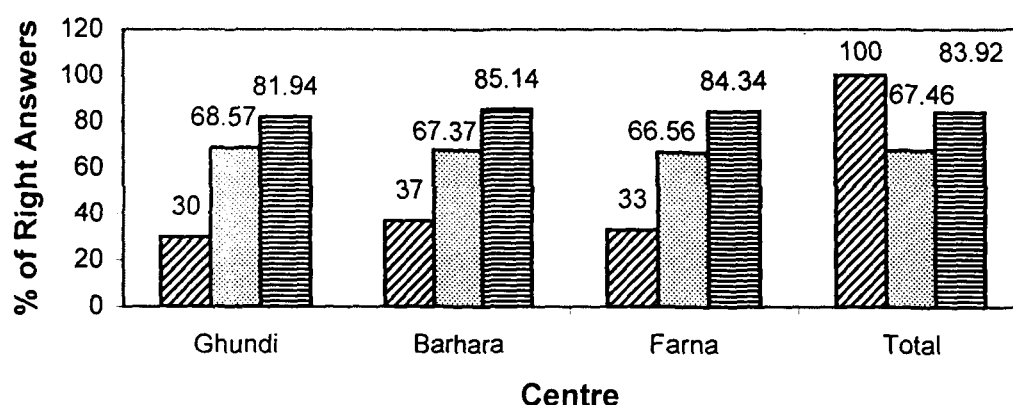
▨ Total Respondent □ % of Right Answers in Pre-Test ■ % of Right Answers in Story-1

Fig. 4.1 Bar digrame of Pre-test and Post-test of Right Answers of Story- Behoshi.

The second story on nutrition was 'Dekhbhal' consists of 12 multiple choice questions. So, 360 (12x30) items were asked at Ghundi and 295 (81.94%) right answers were obtained, 464 (12x37) items were asked at Barhara and 378 (85.14%) right answers were given, 396 (12x33) items were asked at farna out of which 334 (84.34%) right answers were given. These findings revealed that there was positive difference between post and pre test performances of the neo-literates at each centre. Obviously, it showed better performance on post-tests. It was also found that the neo-literates of Barhara had better understanding of this story. As they achieved more on post-test (Table 4.2).

Table 4.2
Pre Test v/s Post test (Story-2 – Dekhbhal)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test Story-2 (Dekhbhal)	Total Respondent	30	37	33	100
	Total Question	360	444	396	1200
	Total Right Answers	295	378	334	1007
	% of Right Answers	81.94	85.14	84.34	83.92
	Average Right Answers	0.82	0.85	0.84	0.84



▨ Total Respondent □ % of Right Answers in Pre-Test ▤ % of Right Question in Story-2

Fig. 4.2: Bar digram of Pre-Test & Post-Test Percentage Score of Right Answers of Story 2- Dekhbhal.

‘Pet Koi’ Sandook Nahin ’ was third story on nutrition. This story is followed with 12 multiple-choice questions on post-test. 360, 444 and 396 items were asked from Ghundi, Barhara and Farna continuing education centres respectively out of which 313 (86.94 %) right answers from Ghundi, 390 (87.84%) right answers from Barhara and 346 (87.42%) right answers from Farna were found. The percentage post-test performance at each centre was higher than the pre- test performance at the respective centre. The story

was best understood by the respondents of Barhara, though, all the respondents at three centres had been improved more in comparison to the previous post tests (Table 4.3).

Table-4.3
Pre Test v/s Post Test (Story-3 – Pet Koi Sandook Nahin)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test Story-3 (Pet Koi Sandook Nahin)	Total Respondent	30	37	33	100
	Total Question	360	444	396	1200
	Total Right Answers	313	390	346	1049
	% of Right Answers	86.94	87.84	87.37	87.42
	Average Right Answers	0.87	0.88	0.87	0.87

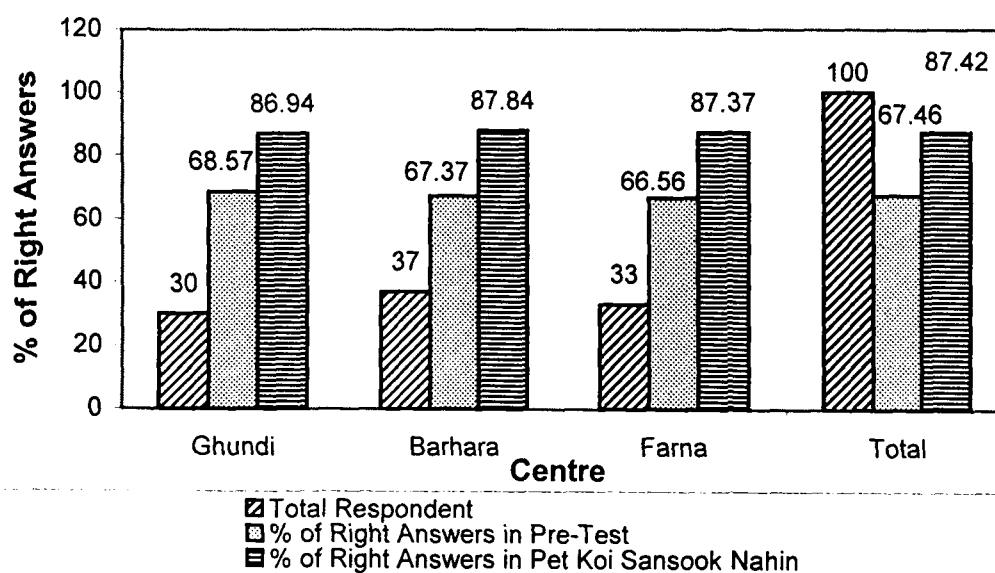


Fig. 4.3 Bar- digram of Pre-Test and Post-Test Percentage Score of Right Answers of Story 3 – Pet Koi Sandook Nahin.

‘Vimla ka Prann’ was the fourth story on nutrition specially for lactating mothers. The post-test of this story is having 12 multiple choice questions which were asked with 360, 404 and 396 items at Ghundi, Barhara

and Farna respectively. The respondents were given 296 (82.22 %) right answers from Ghundi, 379 (85.36%) right answers from Barhara and 337 (85.10%) right answers from Farna. The neo –literates of Barhara had again ranked first in their performance (Table 4.4).

Table-4.4
Pre-Test v/s Post-Test (Story-4 – Vimla ka Prann)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-4) Vimla Ka Pran	Total Respondent	30	37	33	100
	Total Question	360	444	396	1200
	Total Right Answers	296	379	337	1012
	% of Right Answers	82.22	85.36	85.10	84.33
	Average Right Answers	0.82	0.85	0.85	0.84

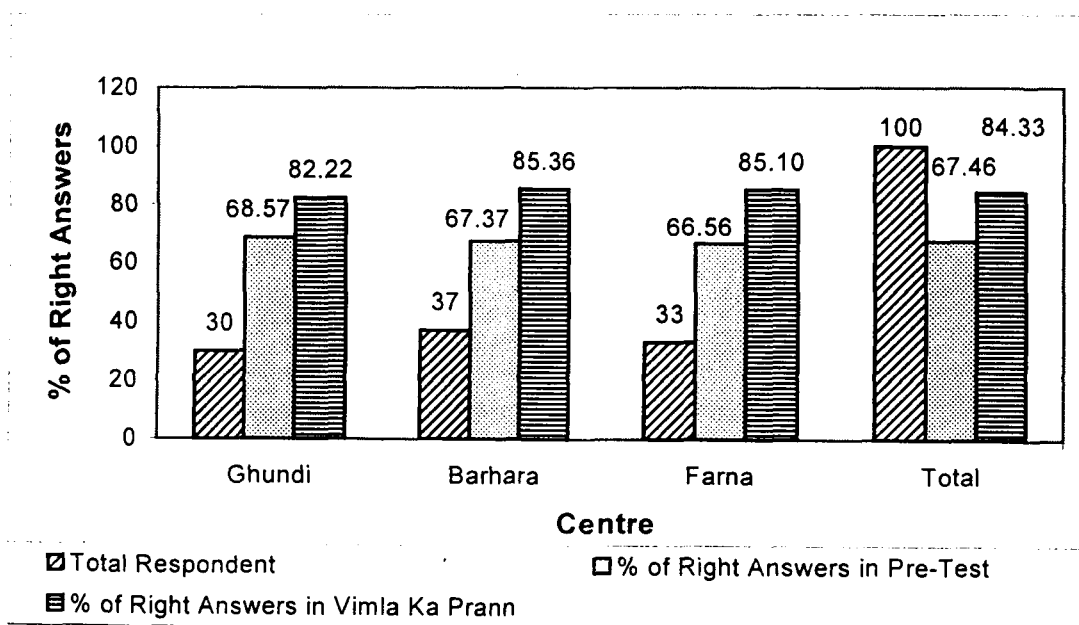


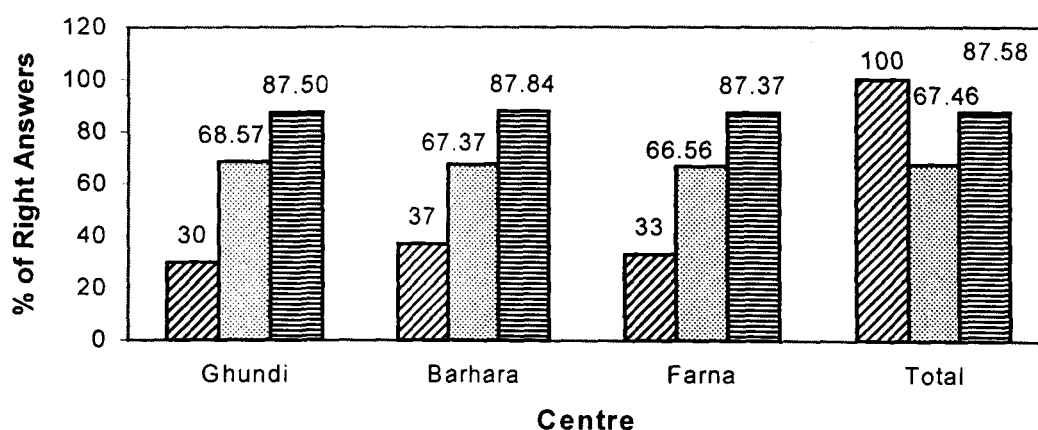
Fig. 4.4: Bar digram of Pre-Test and Post-Test Percentage Score of Right Answers of Story-4 Vimla Ka Prann.

The post-test scores of fifth story – ‘Aalas’ with 12 multiple choice questions were showed that the story was well understood by all the neo-

literate in comparison to all the previous stories on nutrition. 315 (87.50 %) right answers at Ghundi. 390 (87.84%) right answers at Barhara and 346 (87.37%) right answers at Farna could be given out of 360, 444 and 396 post-test items respectively. The neo-literate women of Barhara were again obtained maximum score on the post test (Table 4.5).

Table-4.5
Pre-Test v/s Post-Test (Story-5 Aalas)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-5) Aalas	Total Respondent	30	37	33	100
	Total Question	360	444	396	1200
	Total Right Answers	315	390	346	1051
	% of Right Answers	87.50	87.84	87.37	87.58
	Average Right Answers	0.88	0.88	0.87	0.88



Legend: Total Respondent % of Right Answers in Pre-Test % of Right Answers in Aalas

Fig. 4.5 Bar Diagram of Pre-Test & Post-Test Percentage Score of Right Answers of Story 5- Aalas

11 multiple choice post test items of sixth story 'Anootha Suraj' were asked from the respondents of each centre. Hence, 330, 407 and 363 items were asked from Ghundi, Barhara & Farna respectively, out of which 279

(84.55%) right answers at Ghundi, 349 (85.75%) right answers at Barhara and 309 (85.12%) right answers at Farana were obtained. Higher percentage scores of post-test revealed the effectiveness of developed material (Table 4.6).

Table 4.6
Pre-Test v/s Post Test (Story-6 Anootha Suraj)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-6) Anootha Suraj	Total Respondent	30	37	33	100
	Total Question	330	407	363	1100
	Total Right Answers	279	349	309	937
	% of Right Answers	84.55	85.75	85.12	85.18
	Average Right Answers	0.85	0.86	0.85	0.85

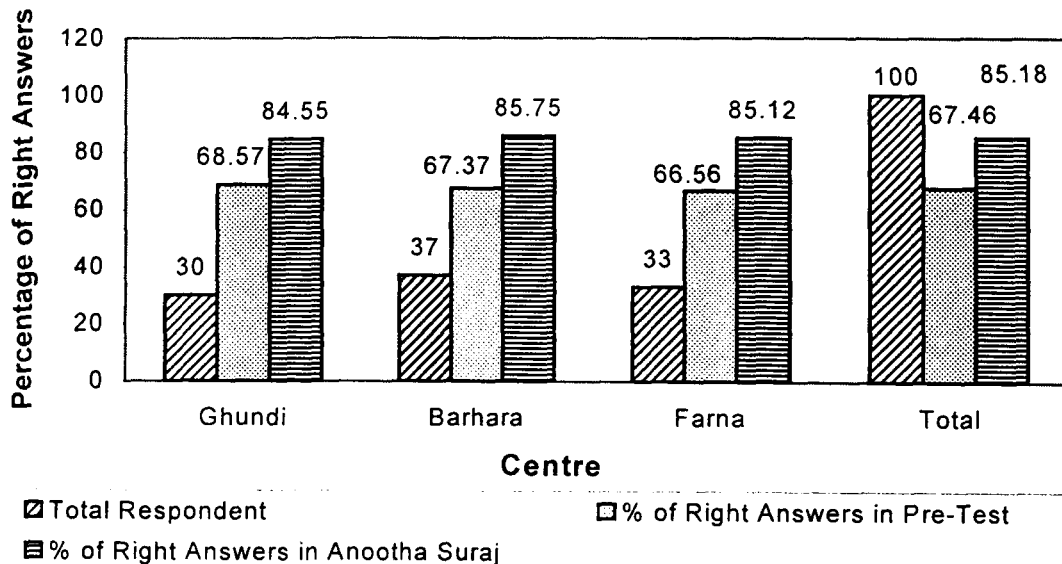


Fig. 4.6: Bardigram of Pre-Test and Post-Test Percentage Score of Right Answers of Story 6 – Anootha Suraj.

‘ Pachhatawa’ was the seventh story and it has 12 multiple-choice questions. Therefore, 360, 444 and 396 post-test items were asked from Ghundi, Barhara and Farna respectively out of which 289 (80.28%) right

answers from Ghundi and 372 (83.78%) right answers from Barhara and 330 (83.33%) right answers from Farna were given. These observations revealed that the positive difference between post-test and pre-test items. Likewise the previous post tests the neo-literates of Barhara were more sincere and inclined towards learning (Table 4.7).

Table- 4.7
Pre-Test v/s Post-Test (Story-7 Pachhatawa)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-7) Pachhatawa	Total Respondent	30	37	33	100
	Total Question	360	444	396	1200
	Total Right Answers	289	372	330	991
	% of Right Answers	80.28	83.78	83.33	82.58
	Average Right Answers	0.8	0.84	0.83	0.83

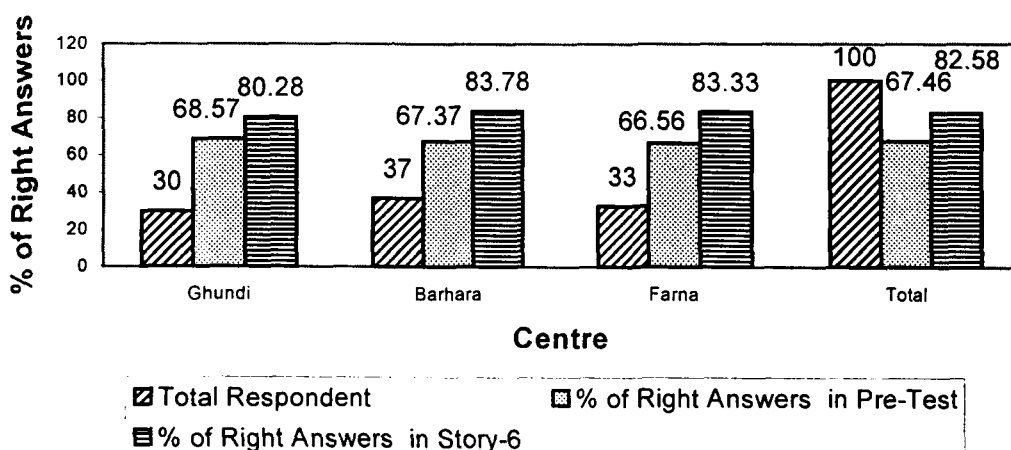


Fig 4.7: Bar Diagram of Pre-Test & Post-Test Percentage Score of Right Answers of Story-7 Pachhatawa.

The eighth story- ' Mahange Par Na Jana' was narrated to all the respondents of each centre and then their knowledge from this story was evaluated by 11 multiple choice post-test questions. 260 (78.79 %) right

answers out of 330 items, 326 (80.10%) right answers out of 407 items, 294 (80.99%) right answers out of 363 items were given from Ghundi, Barhara and Farna respectively. The neo-literates of Farna were obtained maximum score 80.99% (Table 4.8).

Table-4.8

Pre-Test v/s Post-Test (Story –8 Mahange Par Na Jaana)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-8) Mahange Par Na Jaana	Total Respondent	30	37	33	100
	Total Question	330	407	363	1100
	Total Right Answers	260	326	294	880
	% of Right Answers	78.79	80.10	80.99	80.00
	Average Right Answers	0.79	0.8	0.81	0.8

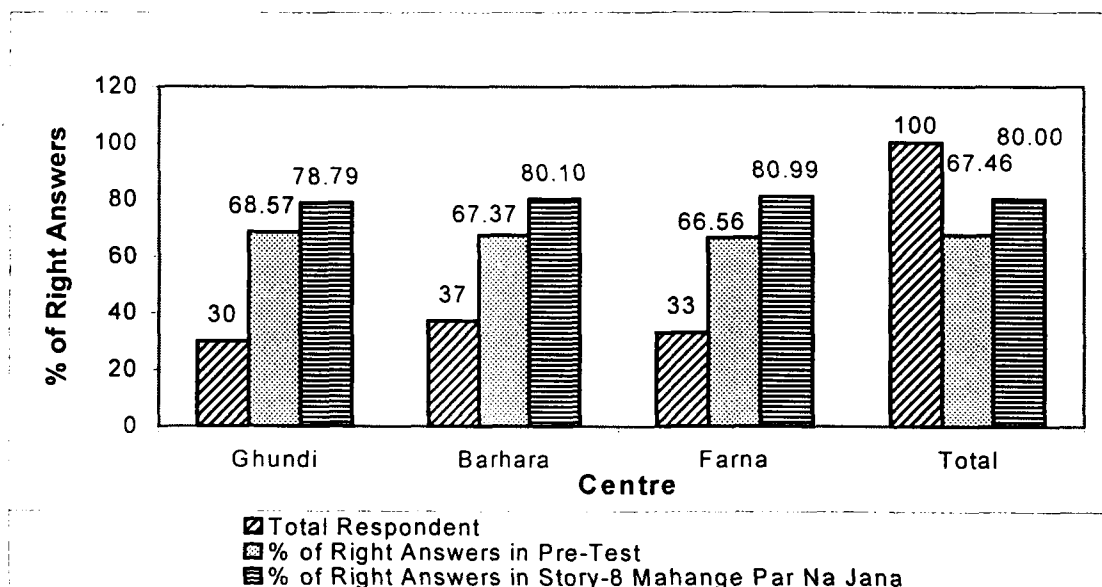


Fig. 4.8: Bar Diagram of Pre-Test & Post-Test Percentage Scores of Right Answers of Story-8 Mahange Par Na Gaana.

‘ Laperwahi’ was the ninth story on nutrition followed by 12 multiple choice post test exercises. It was observed that out of 444 test items, 376 (84.68%) right answers were found at Barhara where as the neo-literates of Ghundi were given 288 (80%) right answers out of 360 test items and the

neo. Literates of Farna had given 332 (83.84%) right answers out of 396 items. The performance of Barhara continuing education centre was better than the other two centres and the performance of Ghundi was lowest (Table 4.9).

Table- 4.9
Pre-Test v/s Post-Test (Story-9 Laparwahi)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story- 9) Laparwahi	Total Respondent	30	37	33	100
	Total Question	360	444	396	1200
	Total Right Answers	288	376	332	996
	% of Right Answers	80.00	84.68	83.84	83.00
	Average Right Answers	0.8	0.85	0.84	0.83

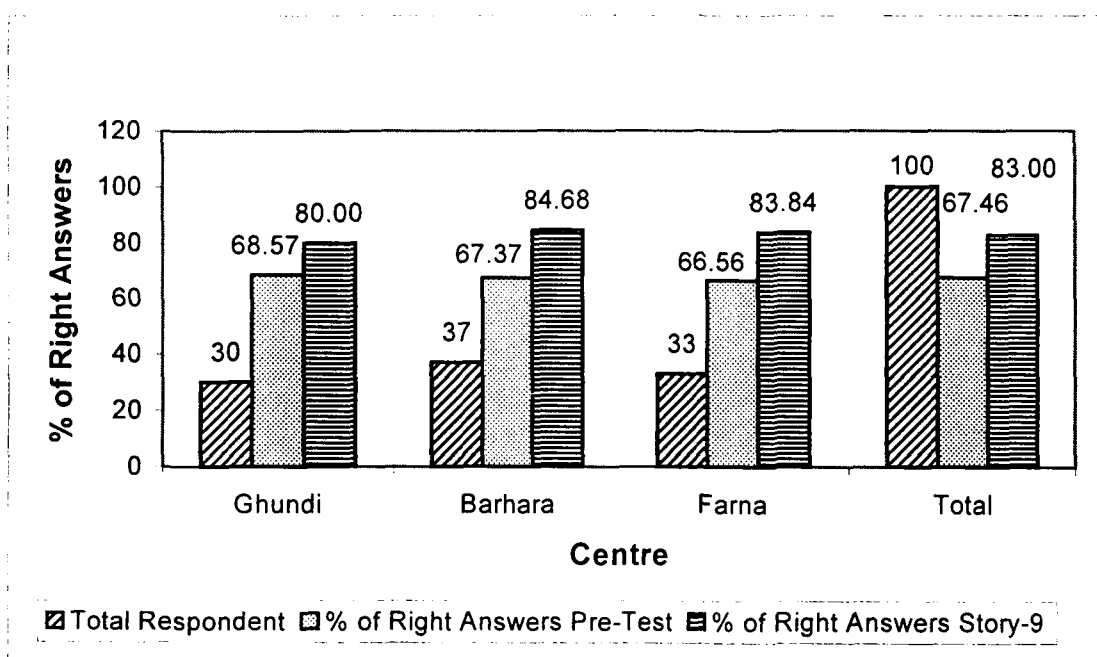


Fig. 4.9: Bar Digram of Pretest and post test Percentage Scores of Right Answers of Story 9 Laparwahi

(B) CONTENT AREA- GENERAL HEALTH & HYGIENE

‘ Ayesha Badi Ho Gai’ was the tenth story, followed by 11 multiple choice post-test exercises. The story provided a number of skills to maintain health and hygiene to the neo-literates women. The post-test scores of the neo-literates of Ghundi was 88.18%, they could give 291 right answers out of 330 items. 359 (88.21%) right answers were given out of 407 items at

Barhara and 321 (88.43%) right answers were given out of 363 items at Farna. These findings revealed that the neo-literates of Farna could well understand this story than the neo-literates of other two centres. A substantial gap between post-test and pre-test performances of neo-literate women was also found (Table 4.10).

Table-4.10
Pre-Test v/s Post-Test (Story-10 Ayesha Badi Ho Gai)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-10) Ayesha Badi Ho Gai	Total Respondent	30	37	33	100
	Total Question	330	407	363	1100
	Total Right Answers	291	359	321	971
	% of Right Question	88.18	88.21	88.43	88.27
	Average Right Answers	0.88	0.88	0.88	0.88

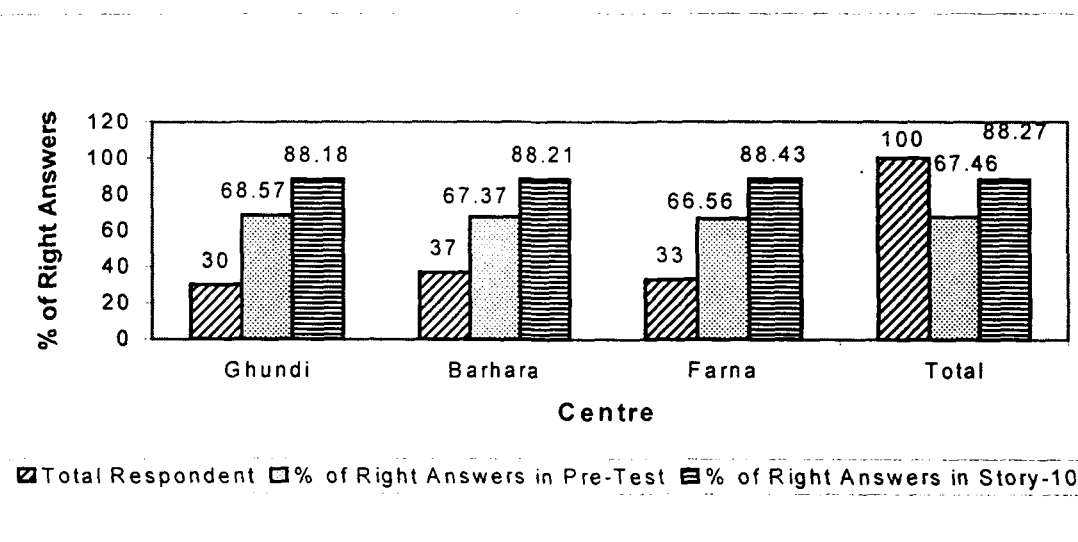


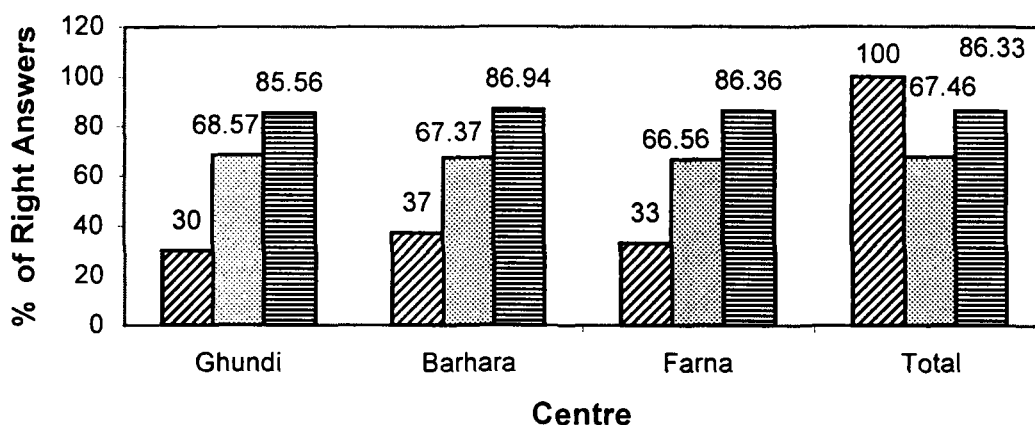
Fig. 10: Bar Diagram of Pre-Test and Post-Test Percentage Score of Right Answers of Story-10 Ayesha Badi Ho Gai

The eleventh story was 'Jeevan Ester' which aims to make the neo-literates aware about health & hygiene and it consists of 12 multiple choice post-test questions. 308 (85.56%) right answers out of 360 items were found from Ghundi, from 444 items, 386 (86.94%) right answers were given by neo-literates of Barhara and from 396 items, 342 (86.36%) right answers were given by the neo-literates of Farna continuing education centres. The

maximum right answers were given by the respondents of Barhara (Table 4.11).

Table- 4.11
Pre-Test v/s Post-Test (Story-11 Jeevan Star)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-11) Jeevan Ester	Total Respondent	30	37	33	100
	Total Question	360	444	396	1200
	Total Right Answers	308	386	342	1036
	% of Right Answers	85.56	86.94	86.36	86.33
	Average Right Answers	0.86	0.87	0.86	0.86



▨ Total Respondent ▤ % of Right Answers in Pre-Test ▣ % of Right Answers in Story-11

Fig.11: Bar diagram of Pre-Test and Post-Test Percentage Score of Right Answers of Story-11 Jeevan Ester

‘Sewa Hi Dharm’ was the twelfth story by which the researcher tried to spread the message- ‘Prevention is better than cure’ among the neo-literates and make them grave concerned to their health and hygiene. It consists of 10 multiple-choice post-test items. 360,370 and 330 items were asked from the respondents of Ghundi, Barhara and Farna respectively. 254 (84.67%) right answers were found at Ghundi, 327 (88.38%) right answers were at Barhara and 292 (88.48%) right answers were given at Farna. Thus,

the post-test performance was usually higher than the pre-test performance of whole sample which explained the enhancement in the level of health education of neo-literates through the developed materials by the researcher. This story was well understood by the neo-literates of Farna than the other neoliterates (Table 4.12).

Table- 4.12
Pre-Test v/s Post-Test (Story-12 Sewa Hi Dharm)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-12) Sewa Hi Dharm	Total Respondent	30	37	33	100
	Total Question	300	370	330	1000
	Total Right Answers	254	327	292	873
	% of Right Answers	84.67	88.38	88.48	87.30
	Average Right Answers	0.85	0.88	0.88	0.87

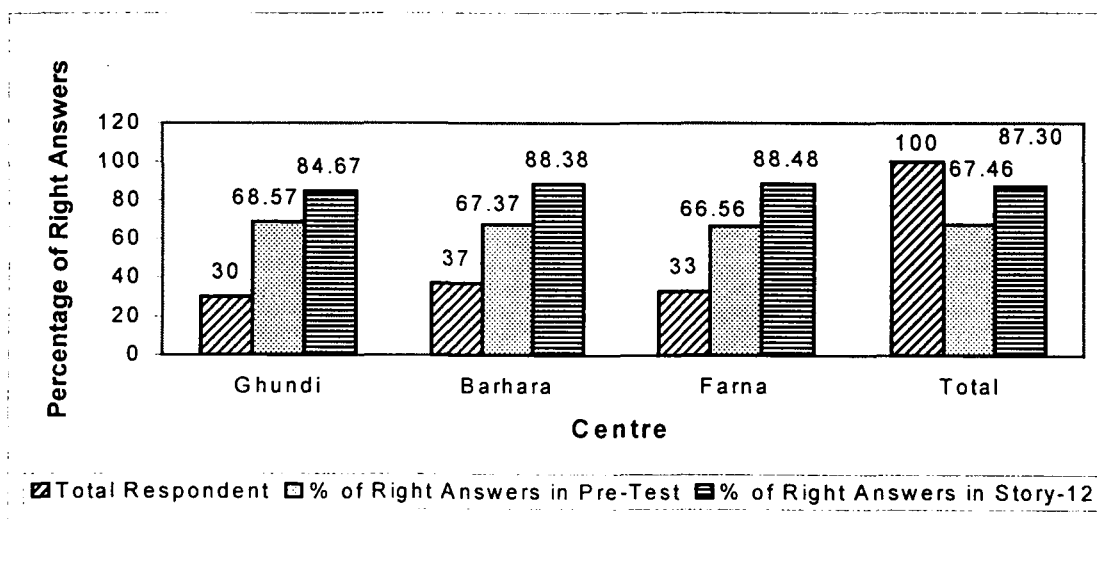


Fig. 12: Bar diagram of Pre-Test and Post-Test Percentage Score of Right Answers of Story-12

The thirteenth story was 'Nuksaan' followed by 10 multiple choice post-test exercises. 227 (75.67%) right answers out of 300 items at Ghundi, 301 (81.35%) right answers out of 370 items at Barhara and 264 (80 %) right answers out of 330 items at Farna were Found. The observed

percentage performance at each centre was comparatively lower than the percentage performance, shown by the neo-literates in the evaluation of previous post tests. However, the respondents of Barhara had shown better performance than the other neo-literates (Table 4.13).

Table-13
Pre-Test v/s Post-Test (Story-13 Nukshaan)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story- 13) Nuksaan	Total Respondent	30	37	33	100
	Total Question	300	370	330	1000
	Total Right Answers	227	301	264	792
	% of Right Answers	75.67	81.35	80.00	79.20
	Average Right Answers	0.76	0.81	0.8	0.79

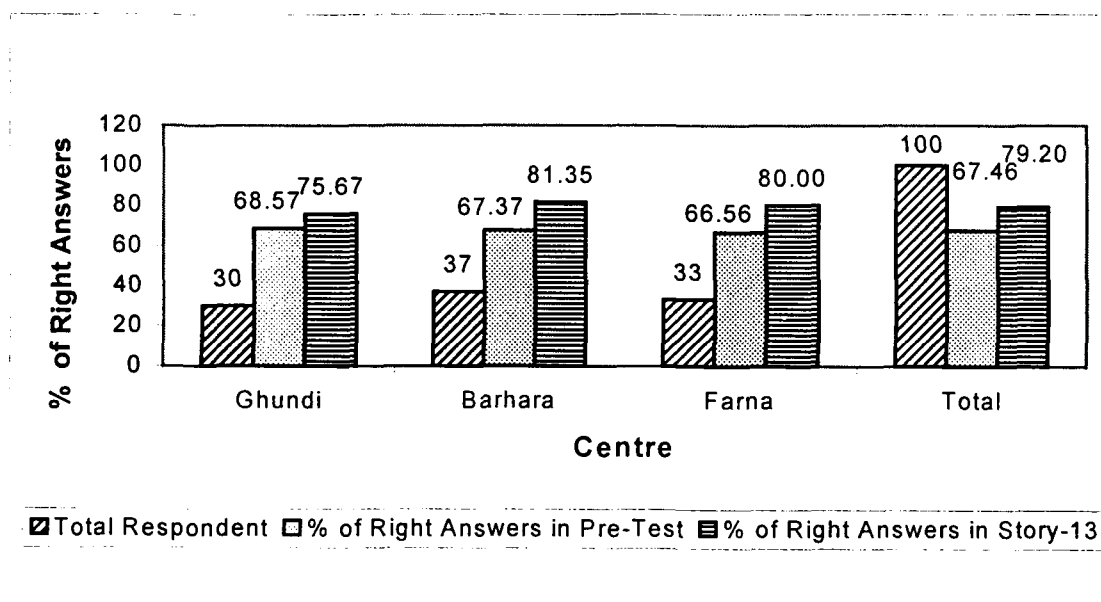


Fig 4.13: Bar Diagram of Pre-Test and Post-Test Percentage Scores of Right Answers of Story-13 Nukshaan

‘Seekh’ was the fourteenth story which aimed to make the neo-literates aware about the precautions required to maintain health through proper hygiene and it comprised of 11 multiple choice post test exercises. 266 (80.61%) right answers out of 407 items and 296 (81.54%) right

answers out of 363 items. were found at Ghundi, Barhara and Farna continuing education centres respectively. These observations had revealed the better performance of neo-literates from Barhara and comparatively poor performance of neo-literates from Ghundi continuing education centre (Table 4.14).

Table- 4.14
Pre-Test v/s Post-Test (Story-14 Seekh)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-14) Seekh	Total Respondent	30	37	33	100
	Total Question	330	407	363	1100
	Total Right Answers	266	341	296	903
	% of Right Answers	80.61	83.78	81.54	82.09
	Average Right Answers	0.81	0.84	0.82	0.82

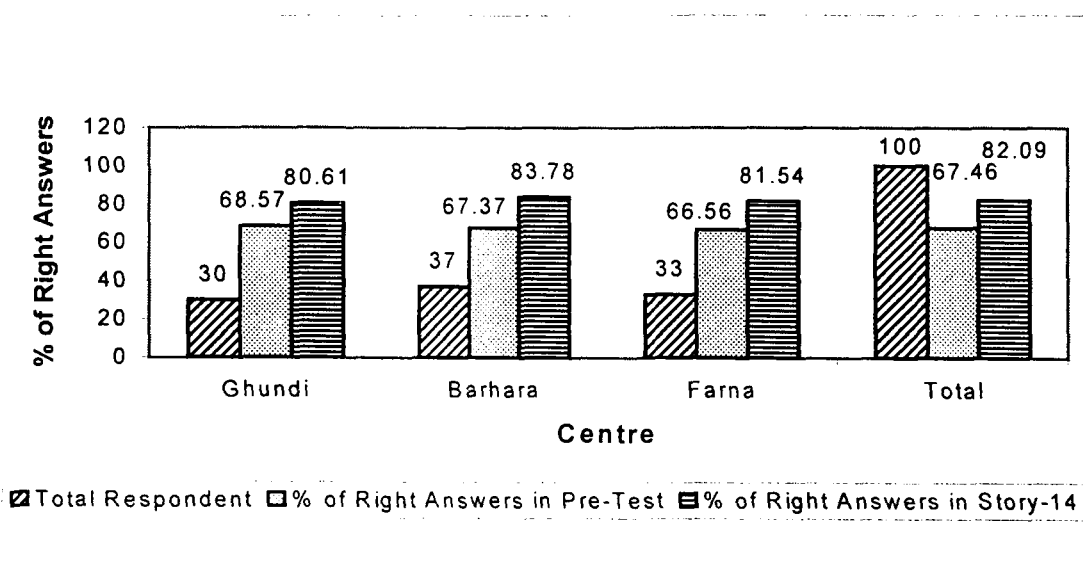


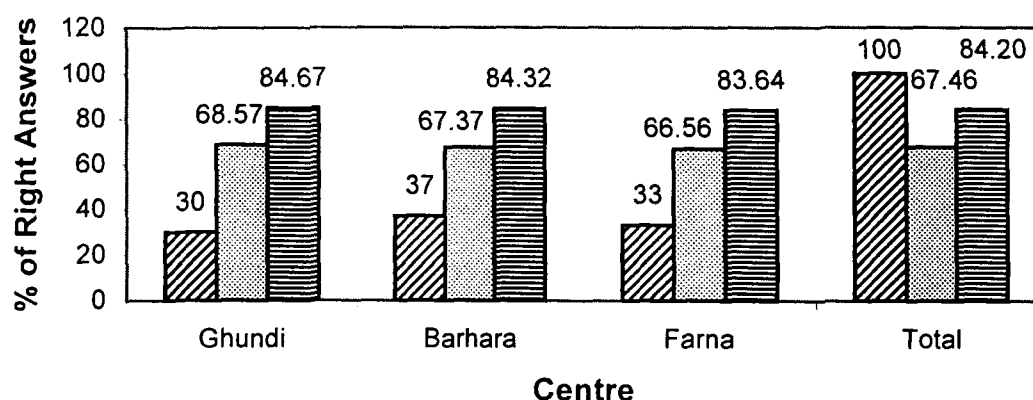
Fig 4.14: Bar digram of Pre-Test and Post-Test Percentage Scores of Story-14- Seekh

10 multiple choice post test questions of fifth story. ‘ Dard ‘ were asked from the respondents of each centre. Hence,300, 370 and 330 items were asked respectively from Ghundi, Barhara and Farna, out of which 254 (84.67%) right answers at Ghundi, 312 (84.32%) right answers at Barhara

and 276 (83.64%) right answers at Farna were given. It is remarkable here that for the first time the neo-literates of Ghundi centre were given more right answers than the neo-literates of Barhara and Farna (Table 4.15).

Table- 4.15
Pre-Test v/s Post-Test (Story-15 Dard)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-15) Dard	Total Respondent	30	37	33	100
	Total Question	300	370	330	1000
	Total Right Answers	254	312	276	842
	% of Right Answers	84.67	84.32	83.64	84.20
	Average Right Answers	0.85	0.84	0.84	0.84



▨ Total Respondent ▤ % of Right Answers in Pre-Test ■ % of Right Answers in Story-15

Fig. 4.15: Bar diagram of Pre-Test and Post-Test percentage Scores of Right Answers of Story-15 Dard.

‘ Pradarshni’ was the sixteenth story aimed to impart health education specifically on general health and hygiene followed by 10 multiple choice post test exercises. Out of 300 items, 255 (85%) right answers at Ghundi, from 370 items, 310 (83.78%) right answers at Barhara and from 330 items,

267 (80.91%) right answers at Farna were found. Again, it was noticeable that the neoliterates of Ghundi had shown improvement and obtained maximum percentage of right answers (Table 4.16).

Table- 4.16
Pre-Test v/s Post-Test (Story-16 Pradarshani)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-16) Pradarshani	Total Respondent	30	37	33	100
	Total Question	300	370	330	1000
	Total Right Answers	255	310	267	832
	% of Right Answers	85.00	83.78	80.91	83.20
	Average Right Answers	0.85	0.84	0.81	0.83

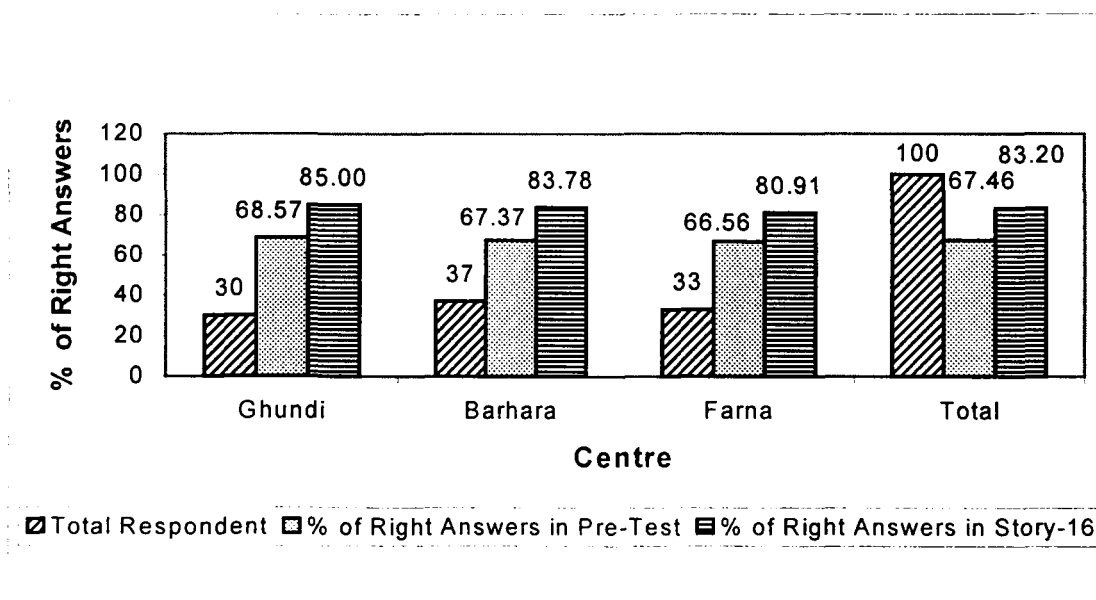


Fig. 4.16: Bar digram of Pre-Test and Post-Test Percentage Scores of Right Answers of Story-16 Pradarshni)

(C) CONTENT AREA-DIFFERENT DISEASEAS & THEIR REMEDIES.

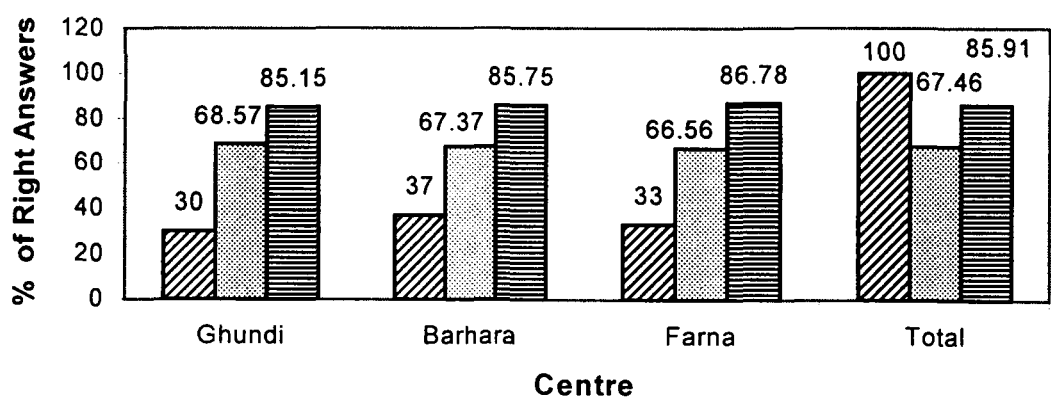
‘ Gumsum’ was the seventeenth story aimed to enhance awareness of the neo-literates about the disease like small pox and its remedies. It consists of 11 multiple choice post tests exercise. So, 330, 407 and 363 items were asked from Ghundi, Barhara and Farna respectively, out of which 281

(85.15%) right answers at Ghundi, 349 (85.75%) right answers at Barhara and 315 (86.78%) right answers at Farna were given. This story was well understood by the neo-literates of Barhara. There was positive difference between post-test and pre test of the neo-literate women (Table 4.17).

Table- 4.17

Pre-Test v/s Post-Test (Story-17 Gumsum)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (story-17) Gumsum	Total Respondent	30	37	33	100
	Total Question	330	407	363	1100
	Total Right Answers	281	349	315	945
	% of Right Answers	85.15	85.75	86.78	85.91
	Average Right Answers	0.85	0.86	0.87	0.86



▨ Total Respondent ▤ % of right Answers in Pre-Test ▣ % of Right Answers in Story-17

Fig. 4.17: Bar diagram of Pre-Test and Post-Test Percentage Scores of Right Answers of Story-17 Gumsum

The eighteenth story was ‘Apahij soch,’ aimed to make the neo-literates aware of diseases like measles and poliomyelitis and their remedies. This story had inculcated its lesson for removal of superstitions and illusions regarding diseases and their remedies into the mind of the neo-literate

women. The story consists of 11 multiple-choice questions. 285 (86.36%) right answers out of 330 items at Ghundi, 354 (86.98%) right answers out of 407 items at Barhara and 314 (86.50%) right answers out of 363 items were found, these observation had shown that this story was well understood by all the neo-literates of each centre i.e, by the whole sample (Table 4.18).

Table- 4.18
Pre-Test v/s Post-Test (Story-18 Apahiz Soch)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-18) Apahij Soch	Total Respondent	30	37	33	100
	Total Question	330	407	363	1100
	Total Right Answers	285	354	314	953
	% of Right Answers	86.36	86.98	86.50	86.64
	Average Right Answers	0.86	0.87	0.87	0.87

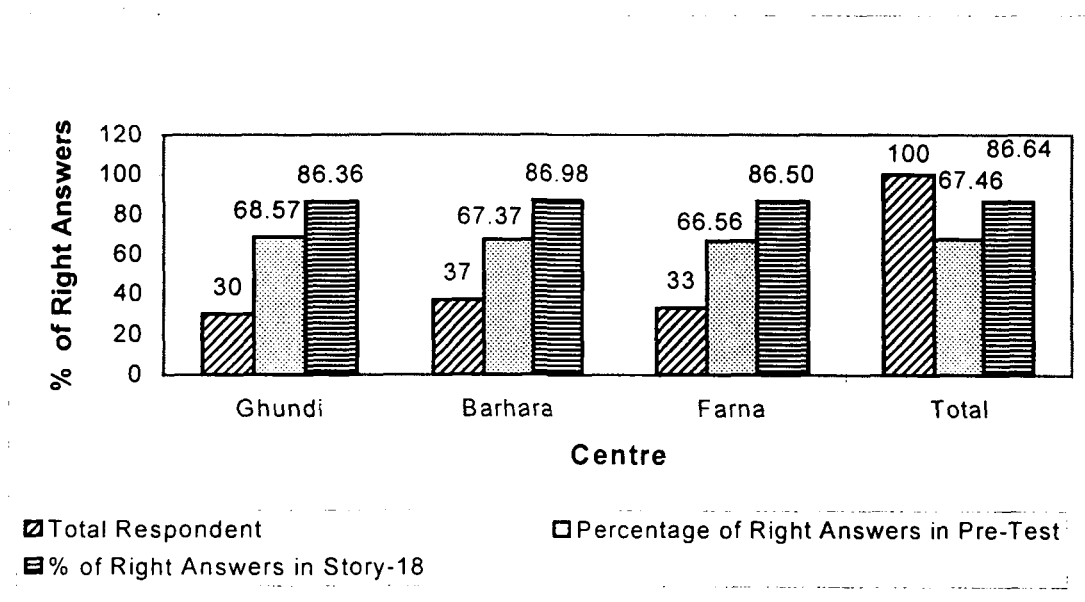


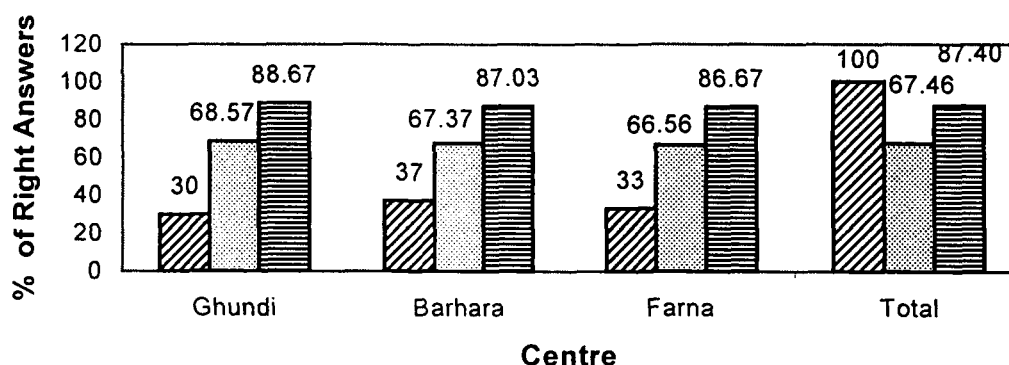
Fig. 4.18 Bar diagram of Pre-Test and Post-Test Percentage of Scores of Right Answers of Story-18 Apahiz Soch.

‘ Rang Main Bhang’, the nineteenth story made the neo-literates aware of the disease cholera and its remedies. It was followed by 10 multiple choice post-test exercise. Hence, 266 (88.67%) right answers from 300 items

at Ghundi, 322 (87.03%) right answers from 370 items at Barhara and 286 (86.67%) right answers from 330 items were found. There was substantial difference between post-tests and pre-tests performances of the whole sample. The neo-literate of Ghundi were obtained maximum percentage of right answers (Table 4.19).

Table-4.19
Pre-Test v/s Post-Test (Story-19 Rang Main Bhang)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-19) Rang Main Bhang	Total Respondent	30	37	33	100
	Total Question	300	370	330	1000
	Total Right Answers	266	322	286	874
	% of Right Answers	88.67	87.03	86.67	87.40
	Average Right Answers	0.89	0.87	0.87	0.87



▨ Total Respondent ▤ % of Right Answers in Pre-Test ▩ % of Right Answers in Story-19

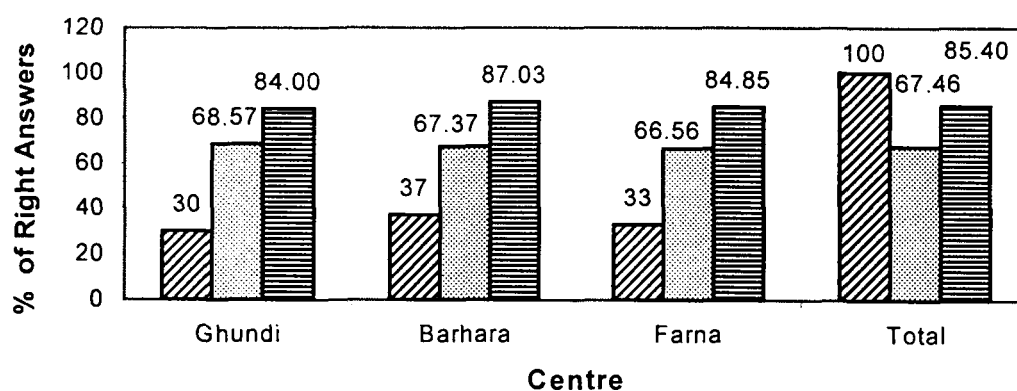
Fig. 4.19: Bar diagram of Pre-Test and Post-Test Percentage Scores of Right Answers of Story-19 Rang Main Bhang

‘ Shararat’ was the twentieth story. This story made the neo-literate women, aware of the disease- ‘ Typhoid’ and its remedies and evaluated them through 10 multiple choice post-test questions. At Ghundi centre 252 (84%) right answers out of 300 items were given. From 370 items 322

(87.03%) right answers were found at Barhara and from 330 items, 280 (84.85%) right answers were given by the neo- literates of Farna. The whole sample showed better performance in their post-tests than pre-tests. The performances of the neo-literates of Barhara continuing education centre was more than the neo- literates of other two centres (Table 4.20).

Table-4.20
Pre-Test v/s Post-Test (Story-20 Shararat)

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-Test (Story-20) Shararat	Total Respondent	30	37	33	100
	Total Question	300	370	330	1000
	Total Right Answers	252	322	280	854
	% of Right Answers	84.00	87.03	84.85	85.40
	Average Right Answers	0.84	0.87	0.85	0.85

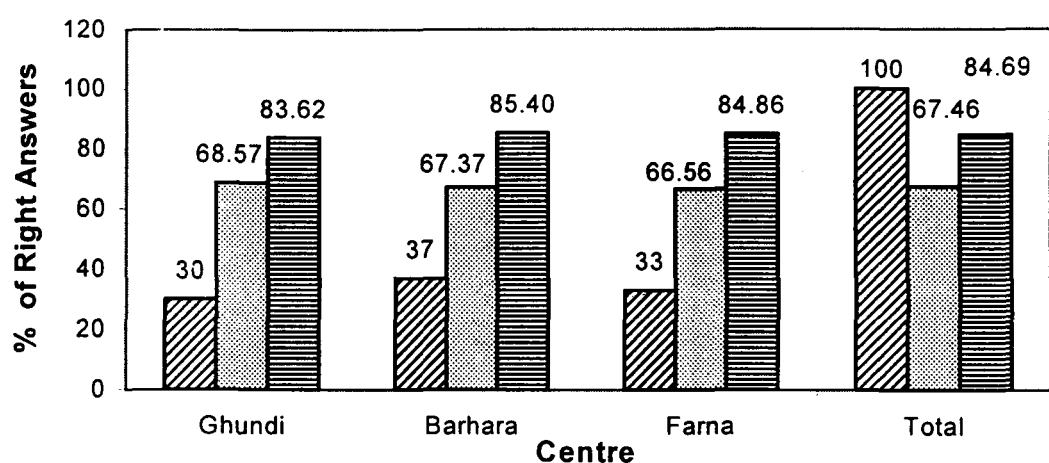


▨ Total Respondent ▤ % of Right Answers in Pre-test ■ % of Right Answers in Story-20

Fig. 4.20: Bar diagram of Pre-Test and Post-Test Percentage Scores of Right Answers of Story-20 Shararat

Table- 4.21 Pre Test

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Question	576	698	615	1889
	% of Right Question	68.57	67.37	66.56	67.46
	Average Right Question	0.69	0.67	0.67	0.67
Total	Total Respondent	30	37	33	100
	Total Question	6630	8177	7293	22100
	Total Right Question	5544	6983	6189	18716
	% of Right Question	83.62	85.40	84.86	84.69
	Average Right Question	0.84	0.85	0.85	0.85



▨ Total Respondent ▤ % of Right Answers in Pre-Test ■ % of Right Answers in Total Stories

Fig. 4.21 Bar diagram of Pre-Test & Post-Test Percentage of Right Answers in Total Stories

Sl. No.	% of Right Question	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre Test		68.57	67.37	66.56	67.46
1.	Behoshi	81.82	83.54	84.85	83.45
2.	Dekhbhal	81.94	85.14	84.34	83.92
3.	Pet Koi Sandook Nahi	86.94	87.84	87.37	87.42
4.	Vimla Ka Pran	82.22	85.36	85.10	84.33
5.	Aalas	87.50	87.84	87.37	87.58
6.	Anootha Suraj	84.55	85.75	85.12	85.18

7.	Pachhatawa	80.28	83.78	83.33	82.58
8.	Mahange Par Na Jaana	78.79	80.10	80.99	80.00
9.	Laparwahi	80.00	84.68	83.84	83.00
10.	Ayesha Badi Ho Gayi	88.18	88.21	88.43	88.27
11.	Jeevan Star	85.56	86.94	86.36	86.33
12.	Seva Hi Dharm	84.67	88.38	88.48	87.30
13.	Nuksaan	75.67	81.35	80.00	79.20
14.	Seekh	80.61	83.78	81.54	82.09
15.	Dard	84.67	84.32	83.64	84.20
16.	Pradarshani	85.00	83.78	80.91	83.20
17.	Gumsum	85.15	85.75	86.78	85.91
18.	Apahij Soch	86.36	86.98	86.50	86.64
19.	Rang Main Bhang	88.67	87.03	86.67	87.40
20.	Shararat	84.00	87.03	84.85	85.40
Total Stories		83.62	85.40	84.86	84.69
Total Respondent		30	37	33	100

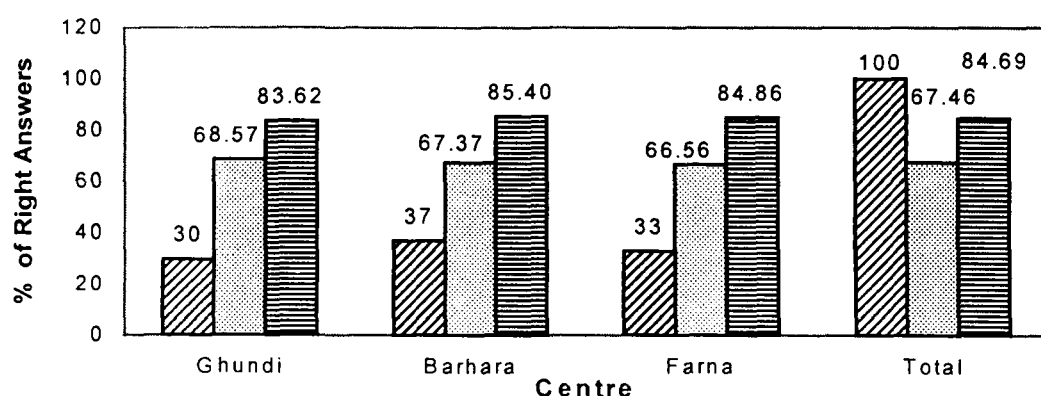
Now we can analyse from the above mentioned content-area wise post-test evaluations of the whole texts that the post test performance of the total sample were higher than the pre test performance of them. It was also found that the neo-literates of Barhara continuing education centre had shown better performance in their post tests for each content area. To this contrary, the overall post test performance of the Ghundi continuing education centre was comparatively less than the performance of other two centres for almost all the stories except few. The best performance shown by the neo-literates of Barhara was due to the fact that they were highly motivated and more inclined towards learning. The women were punctual and had been visiting regularly to the continuing education centre to attend the classes.

4.3 CENTRE-WISE COMPARISON OF THE PRE-TEST PERCENTAGE SCORES WITH THE POST-TEST PERCENTAGE SCORES

The pre-test percentage performance of Ghundi, Barhara and Farna continuing education centre were 68.57%, 67.37% and 66.56% respectively. The neo-literates of Ghundi centre had given maximum right answers in their pre-test. The overall post-test performances at each centre for all the exercises were 83.62%, 85.40 % and 84.86 % at Ghundi, Barhara and Farna continuing education centre respectively . It was found that each centre had shown a positive difference between post-test and pre-test. The maximum score was 85.40%, obtained by the neo- literates of Barhara continuing education centre (Table 4.21).

**Table- 4.21 Pre Test
Pre-test v/s post-tests (exercises of all stories)**

Name of Story	Particulars	Name of Village/Centre			Total
		Ghundi	Barhara	Farna	
Pre-Test	Total Respondent	30	37	33	100
	Total Question	840	1036	924	2800
	Total Right Answers	576	698	615	1889
	% of Right Answers	68.57	67.37	66.56	67.46
	Average Right Answers	0.69	0.67	0.67	0.67
Post-tests (for all stories)	Total Respondent	30	37	33	100
	Total Question	6630	8177	7293	22100
	Total Right Answers	5544	6983	6189	18716
	% of Right Answers	83.62	85.40	84.86	84.69
	Average Right Answers	0.84	0.85	0.85	0.85



▨ Total Respondent ▤ % of Right Answers in Pre-Test ▩ % of Right Answers in Total Stories

Fig. 4.21 Bar digrame of Pre-Test and Post-Test Percentage Scores of Right Answers in Total Stories.

The pre-post score difference can be clearly explained by drawing Pi-chart for each centre. This difference can also be demonstrated by the pi-chart for the whole sample (Fig. 4.22, 4.23, 4.24).

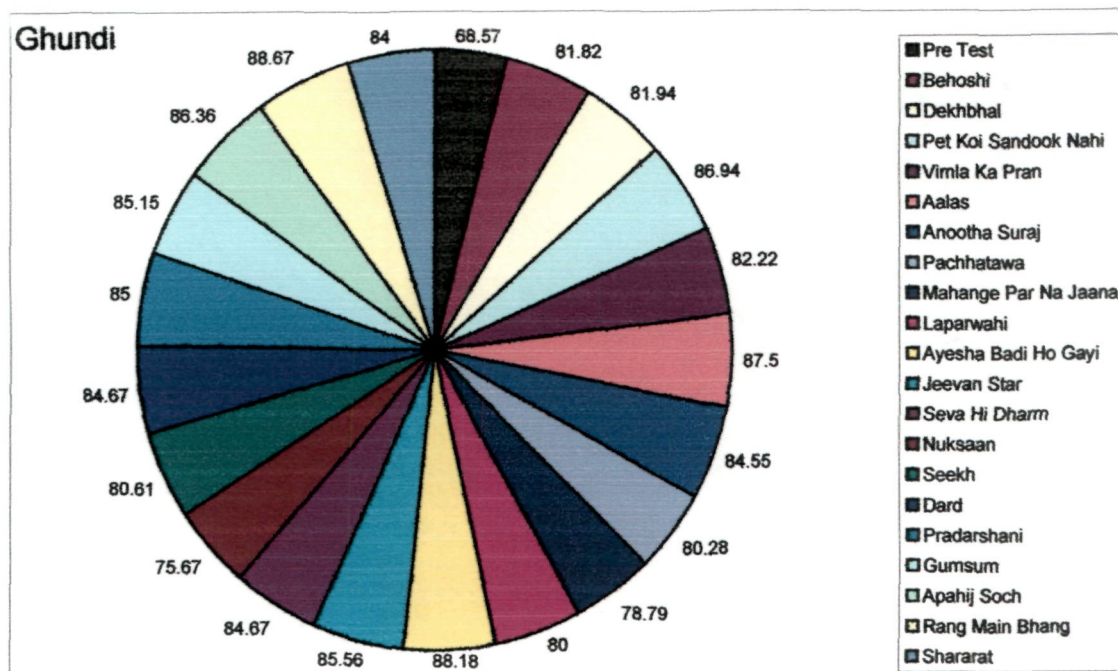


Fig. 4.22 Pi Chart Summary of Pre-Test and Post-Test Parentage Score of Ghundi Continuing Education Centre

Barhara

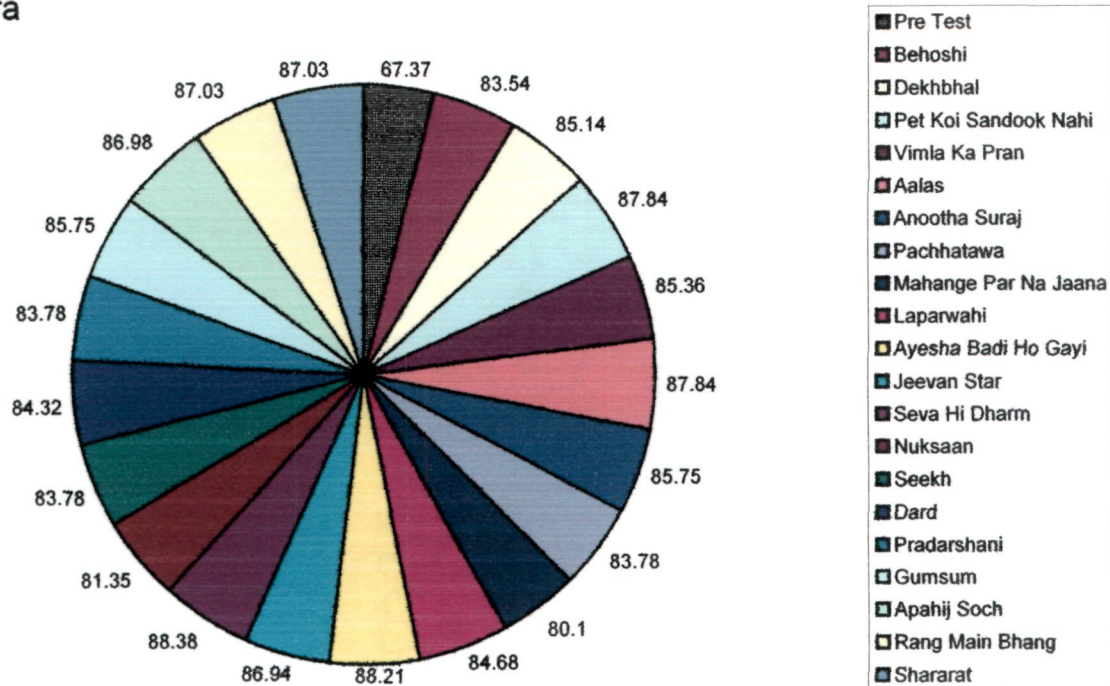


Fig. 4.23 Pi Chart Summary of Pre-Test and Post-Test Parentage Score of Barhara Continuing Education Centre

Farna

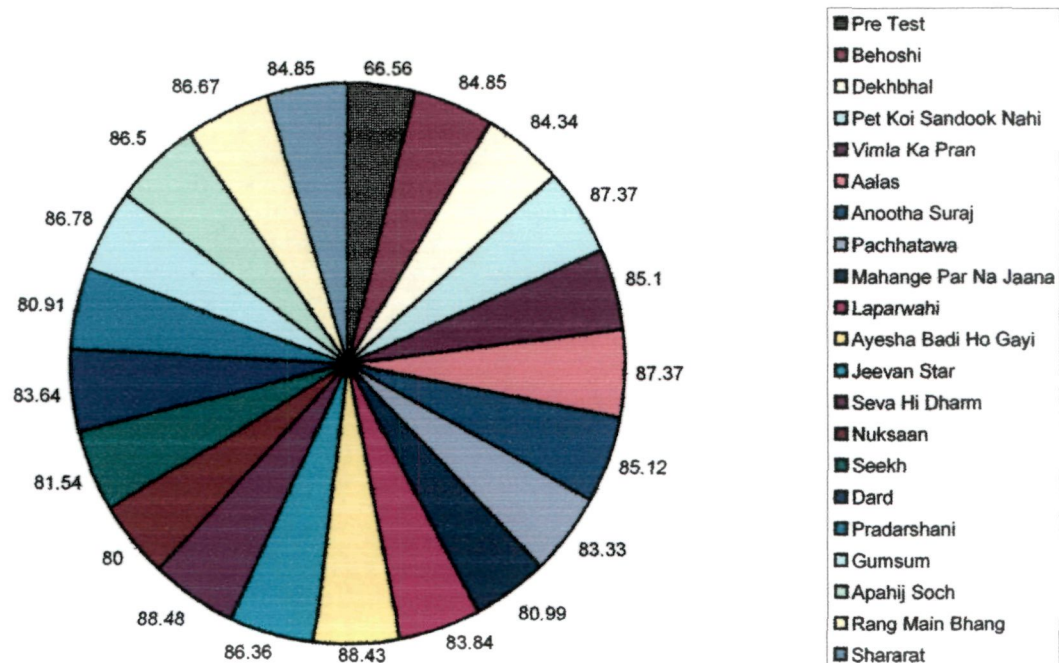


Fig. 4.24 Pi Chart Summary of Pre-Test and Post-Test Parentage Score of Farna Continuing Education Centre

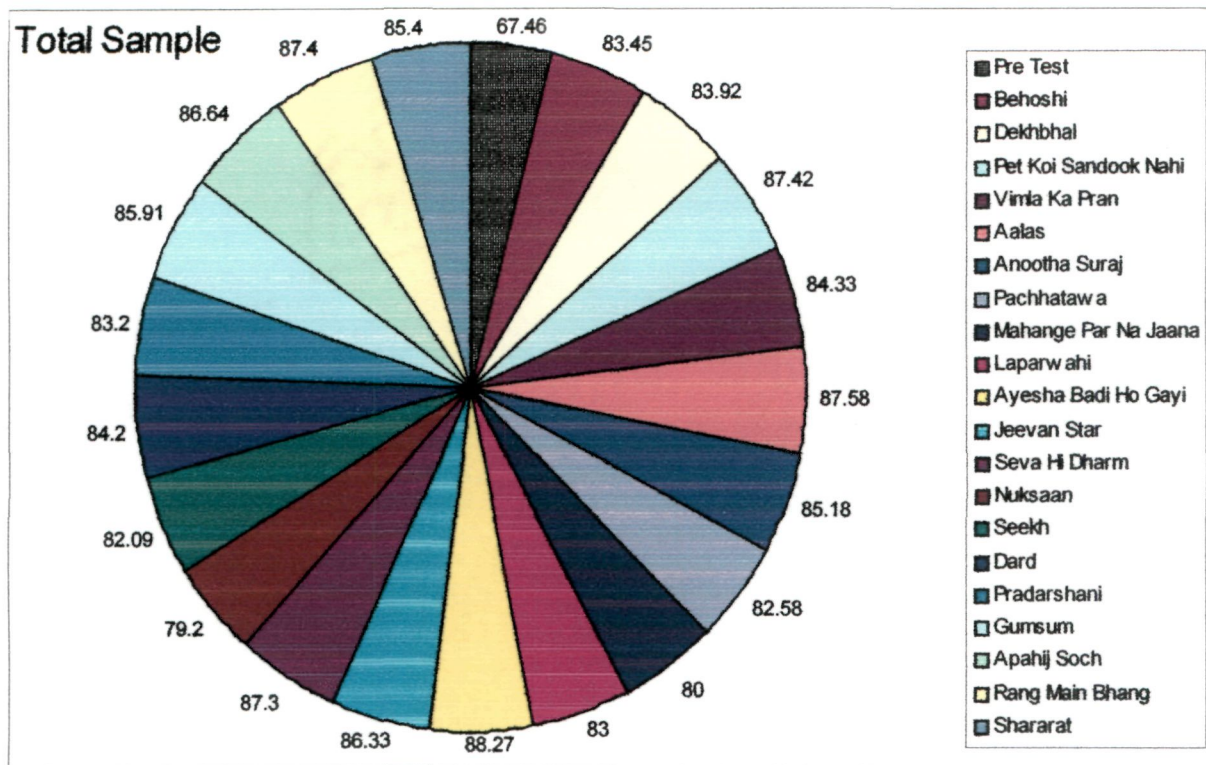


Fig. 4.25 Pi Chart Summary of Pre-Test and Post-Test Parentage Score of Total Sample

4.4 STATISTICAL TEST OF DIFFERENCE BETWEEN PRE-TEST SCORES AND POST-TEST SCORES:

This test has been done in the following two ways-

- 4.4.1 Formulation of a null hypothesis and its test.
- 4.4.2 Determination of Coefficient of Variation (CV) for Pre-test Score & Post-test Scores

Now, with the application of normal test of significance, the researcher has tested the difference of means for pre test and post test scores at specified level of significant.

STATISTICAL PROCEDURE

Test of significance for Difference of means :

Let \bar{x}_1 and \bar{x}_2 be the means of samples of size n_1 and n_2 respectively. σ_1^2 and σ_2^2 be the variances, then.

$$x_1 \sim N(\mu_1, \sigma_1^2)$$

$$\therefore \bar{x}_1 \sim N\left(\mu_1, \frac{\sigma_1^2}{n_1}\right)$$

and $x_2 \sim N(\mu_2, \sigma_2^2)$

$$\bar{x}_2 \sim N\left(\mu_2, \frac{\sigma_2^2}{n_2}\right)$$

$\bar{x}_1 - \bar{x}_2$ being the difference of two independent normal variate is also a normal variate then.

$$Z = \frac{\bar{x}_1 - \bar{x}_2 - E(\bar{x}_1 - \bar{x}_2)}{SE(\bar{x}_1 - \bar{x}_2)} \sim N(0,1)$$

Where $E(\bar{x}_1 - \bar{x}_2)$ = Expected difference between sample means.

$SE(\bar{x}_1 - \bar{x}_2)$ = Standard Error of the difference of sample means.

4.4.1 Formulation a Null Hypothesis and its tests

Null Hypothesis:

$H_0: \mu_1 = \mu_2$, there is no significant difference between the sample means.

i.e. $E(\bar{x}_1 - \bar{x}_2) = 0$,

$$E(\bar{x}_1) = \mu_1$$

Now, test statistic becomes.

$$E(\bar{x}_2) = \mu_2$$

$$Z = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{\frac{\sigma_1^2}{n_1} + \frac{\sigma_2^2}{n_2}}} \sim N(0,1)$$

Where, $\sigma_1^2 \neq \sigma_2^2$

$$\hat{\sigma}_1^2 = s_1^2 \text{ and } \hat{\sigma}_2^2 = s_2^2$$

$\hat{\sigma}_1^2$, $\hat{\sigma}_2^2$ are estimates of population variances and are estimated by sample variances.

s_1^2 = sample variance of x_1

s_2^2 = sample variance of x_2

$$\text{Now, } Z = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}} \sim N(0,1)$$

If calculated value of $|Z|$ is greater than the tabulated value, at specified level of significance we reject the null hypothesis, otherwise. Thus, there is significant difference between the sample means.

Table 4.22
Descriptive Statistics of Pre-Test and Post-Test Scores for the Whole Sample.

Name of the Test	No. of Respondents	Mean (\bar{x})	Standard deviation (σ)
Pre-Test	100	67.4643	4.25702
Post-Test	100	85.0727	6.55784

APPLICATION OF Z FOR TESTING THE DIFFERENCE OF MEANS IN THE STUDY:

Let x_1 and x_2 denote the scores of pre-test and post-test of the whole sample respectively, we have,

$$\bar{x}_1 = 67.4645$$

$$\bar{x}_2 = 85.0727$$

$$s_1^2 = 43.0052$$

$$s_2^2 = 18.1222$$

$$n_1 = 100$$

$$n_2 = 100$$

Null Hypothesis :

$H_0: \mu_1 = \mu_2$ i.e. there is no significant difference between the mean level of observations in pre test and post test.

Alternative Hypothesis:

$$H_1: \mu_2 > \mu_1 \text{ or } \mu_1 < \mu_2 \quad (\text{one tailed test})$$

Now,

$$Z = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}} \sim N(0,1)$$

$$= \frac{67.4643 - 85.0727}{\sqrt{\frac{18.1222}{100} + \frac{43.0052}{100}}}$$

$$= \frac{-17.6084}{\sqrt{0.18122 + 0.430052}}$$

$$= \frac{-17.6084}{\sqrt{0.611272}}$$

$$= \frac{-17.6084}{0.7818}$$

$$= -22.5229$$

$$\therefore |z| = 22.5229$$

Conclusion :

Since calculated value of $|Z|$ (22.5229) is much greater than the critical value (1.645) at 5% level of significance. Hence, the null hypothesis is rejected. So, the alternative hypothesis i.e. $\mu_2 > \mu_1$ is accepted.

Thus, we conclude that post test show higher response than pretest. These findings can be further verified by coefficient of variation (C.V.).

4.4.2 Determination of Coefficient of Variation (C.V.) for Pre-test scores and Post-test scores

$$\text{Coefficient of Variation} = \frac{\sigma}{\bar{x}} \times 100$$

Where σ = standard

\bar{x} = mean of the sample .

$$\text{Now , coefficient of variation for pre test scores.} = \frac{\sigma_1}{\bar{x}_1} \times 100$$

$$\frac{6.55784}{67.4643} \times 100$$

$$= 0.0972 \times 100$$

$$= 9.720$$

$$\text{Coefficient of variation for post test scores.} = \frac{\sigma_2}{\bar{x}_2} \times 100$$

$$= \frac{4.25702}{85.0727} \times 100$$

$$= 5.0039$$

Since coefficient of variation for post test score is less than coefficient of variation for pre test scores. Hence post test scores are more homogeneous than pre test scores i.e. post test performances of the neo-literates are better than their pretest performances.

(v) THE CENTREWISE COMPARISON OF MEAN AND STANDARD DEVIATION OF PRE-TEST AND POST-TEST SCORES

Table 4.23
Centrewise mean & Standard Deviation of Pre-test & Post-Test

Name of the Village/Centre	Description	Post-Test (221 Question)	Pre-Test (28 Question)
Ghundi	Mean	184.8000	19.2000
	Std. Deviation	9.21917	2.13993
	Number of Respondent	30	30
Barhara	Mean	188.7297	18.8649
	Std. Deviation	9.04817	1.68592
	Number of Respondent	37	37
Farna	Mean	187.5455	18.6364
	Std. Deviation	9.69565	1.71060
	Number of Respondent	33	33

The standard deviation for both pre-test and post test scores of the neo-literates of Barhara continuing education centre is least in comparison to the Ghundi and Farna continuing education centre. Hence, it can be concluded that the post-test performances of Barhara centre is best. This best performance by the neo-literates of Barhara continuing education centre was also seen while comparing the centrewise post-test performance for each content area of the study. Thus, both the statistical analysis (analysis by comparing standard deviation of the post test scores for each center) and percentage scores analysis revealed the same conclusion that the neo-literates of Barhara continuing education center had shown the best performance.

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CHAPTER-V

THIRD PHASE

THEORETICAL FRAMEWORK

5.0 ESSENTIALS FOR CURRICULUM DEVELOPMENT

5.1 NEW PHILOSOPHY OF HEALTH

5.2 DIMENSIONS OF HEALTH

5.2.1 PHYSICAL DIMENSION

5.2.2 MENTAL DIMENSION

5.2.3 SOCIAL DIMENSION

5.2.4 SPIRITUAL DIMENSION

5.3. DETERMINANTS OF HEALTH CURRICULUM

5.3.1 BIOLOGICAL DETERMINANTS

5.3.2 BEHAVIOURAL AND SOCIO-CULTURAL CONDITIONS

5.3.3 ENVIRONMENT

5.3.4 SOCIO-ECONOMIC CONDITION

5.3.5 GENDER

5.4 NUTRITIONAL REQUIREMENT OF A WOMAN AS A SOURCE FOR HEALTH CURRICULUM

5.5 PRINCIPLES OF CURRICULUM DEVELOPMENT FOR ADULT WOMEN LEARNERS

5.6 STEPS OF WRITING A TEXT

5.0 ESSENTIALS FOR CURRICULUM DEVELOPMENT

5.1 NEW PHILOSOPHY OF HEALTH

Traditionally, health has been viewed as an “absence of disease” and if one was free from disease, then the person was considered healthy. This concept is known as the biomedical concept and has been criticized for minimizing the role of the environmental, social, psychological, cultural, economic and political factors of the people concerned.

It has been variously described as a unified or multidimensional process involving the well-being of the whole person in the context of his environment. This view corresponds to the views held by the ancients that health implies a sound mind, in a sound body, in a sound family in sound environment.

The widely accepted definition of health is given by the World Health Organization (1948)¹ in the preamble to its constitution, which is as follows:

“Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity”.

This WHO definition has been criticized on the ground that health is not a ‘state’ at all but it must be seen as a process of continuous adjustment to the changing demands of living and of the changing meanings we give to life. It is a dynamic concept.

In recent years the philosophy of health has been changed and regarded health in the following way-

- Health is a fundamental human right.
- Health is the essence of productive life, and not the result of ever increasing expenditure on medical care.

- Health is intersectoral.
- Health is an integral part of development
- Health is central to the concept of quality of life.
- Health involves individuals, state and international responsibility.
- Health and its maintenance is a major social investment.
- Health is worldwide social goal.

5.2 DIMENSIONS OF HEALTH

5.2.1 PHYSICAL DIMENSION:

The state of physical implies the notion of “perfect functioning” of the body. It conceptualizes health biologically as a state in which every cell and every organ is functioning at optimum capacity and in perfect harmony with the rest of the body.

5.2.2 MENTAL DIMENSION:

Good mental health is the ability to respond to the many varied experiences of life with flexibility and a sense of purpose. It is a “state of balance between the individual and the surrounding world, a state of harmony between one self and others, a coexistence between the realities of the self and that of other people and that of environment”².

5.2.3 SOCIAL DIMENSION:

In general, social health takes into account that every individual is a part of a family and of wider community and focuses on social and economic conditions and well-being of the “whole person” in the

context of his social network. Social health is rooted in “positive material environment” and “positive human environment”³.

5.2.4 SPIRITUAL DIMENSION:

Spiritual health refers to that part of the individual which reaches out and strives for meaning and purpose in life. It includes, integrity, principles and ethics, the purpose in life, commitment to some higher being and belief in concepts that are not subject to “state of the art” explanation.

5.3 DETERMINANTS OF HEALTH CURRICULUM

Health is multifactorial. The factors which influence health lie both within the individual and externally in the society in which he or she lives. It is a truism to say that what man is and to what diseases he may fall victim depends on a combination of two sets of factors-his genetic factors and the environmental factors to which he is exposed. These factors interact and interactions may be health promoting or deleterious. Thus, conceptually, the health of individuals and whole communities may be considered to be the result of many interaction.

Few important determinants of health curriculum are as follows:

5.3.1 BIOLOGICAL DETERMINANTS

The physical and mental traits of every human being are to some extent determined by the nature of his genes at the moment of conception. A number of diseases are now known to be of genetic origin, i.e., chromosomal anomalies, errors of metabolism, mental retardation, some types of diabetes

etc. The state of health, therefore depends partly on the genetic constitution of man.

5.3.2 BEHAVIOURAL AND SOCIO-CULTURAL CONDITIONS:

The term “life style” is rather a diffuse concept often used to denote “the way people live”, reflecting a whole range of social values, attitudes and activities⁴. It is composed of cultural and behavioural patterns and life long personal habits that have developed through processes of socialization.

5.3.3 ENVIRONMENT:

It is an established fact that environment has a direct impact on the physical, mental and social well-being of those living in it. The environmental factors range from housing, water-supply, psychosocial stress and family structure through social and economic support systems, to the organization of health and social welfare services in the community. If the environment is favourable to the individual, he can make full use of his physical and mental capabilities. Protection and promotion of family and environmental health is one of the major issues in the world today.

5.3.4 SOCIO-ECONOMIC CONDITIONS:

For the majority of the world's people, health status is determined primarily by their level of socio-economic development, e.g. per capita GNP, education, nutrition, employment, housing, the political system of the country etc.

5.3.5 GENDER

The 1990s have witnessed an increased concentration on women's issues. In 1993, the Global Commission on Women's Health was established. The commission drew up an agenda for action on women's health covering nutrition, reproductive health, the health consequences of violence, aging, life style related conditions and the occupational environment. It has brought about an increased awareness among policy-makers of women's health issues and encourages their inclusion in all development plans as a priority.

5.4 NUTRITIONAL REQUIREMENT OF A WOMEN AS A SOURCE FOR HEALTH CURRICULUM

The word 'Nutrient' or 'Food Factor' is used for specific dietary constituents such as protein, vitamins and minerals. Dietetics is the practical application of the principles of nutrition. It includes the planning of meals for the well and the sick. Good nutrition means "maintaining a nutritional status that enables us to grow well and enjoy good health"⁵. It is now realized that a broad intersectoral and integrated approach of sectors of development is needed to tackle today's nutritional problems of women. Greater emphasis is now placed on integrating nutrition into primary health care systems whenever possible and formulation of national dietary goals to promote health and nutritional status of families and communities.

The science of human nutrition is mainly concerned with defining the nutritional requirements for the promotion, protection and maintenance of health in all groups of the population. Such knowledge is necessary in order to assess the nutritional adequacy of diets for growth of infants, children and

adolescents, and for maintenance of health in adults of both sexes and during pregnancy and lactation in women.

Women, or a fair sex is one of the most important creation of God, equally or even more responsible gender in the creation of a family, community and the society than a man. If a mother is unhealthy especially when she is conceived, the chance of unhealthy delivery, improper lactation and unfair rearing of the baby becomes greater. This will further results in unhealthy growth and development of the child from infancy to adult hood. It is why maximum attention and care to the women health in every stages of physical and mental development keeping in mind the principles of growth and development is quite important for the development and prosperity of a society.

The present study is an effort to impart health education to neo-literate women who are necessarily needed the knowledge and guidelines to understand the significance of balanced diets and good dietary habits. Nutritional problems such as ignorance about breast feeding beyond the first year of baby's life, misconception about proper weaning, ignorance of the appropriateness of certain diets for infants and pregnant women, traditional food allocation pattern within the family etc. can be best solved by the health curriculum.

Energy Requirements:-

Energy intake recommendations are formulated for an 'Indian reference women'⁶. It is considered as standard reference. Necessary adjustments are made for those age group who deviate from the standard

reference. An Indian reference woman is between 20 and 38 years of age, healthy and weighs 50 Kg. She may be engaged for 8 hours in general household work in light industry or in other moderately active work.

An adult female (reference woman) requires normally 2200 k. cal energy from daily intake. The energy requirements of women are increased by pregnancy (+300 kcal daily throughout pregnancy) and lactation (+550 k. cal daily during the first 6 months and +400 k. cal daily during the next 6 months) over and above their normal requirements.

Table 5.1

Recommended Daily Intake for Energy

Group	Body Weight Kg.	Energy Allowance Per Day	
		K Cal	MJ
INFANCY			
0-6 Months		118	K cal/Kg/day
7-12 Months		108	
CHILDREN			
1-3 years	12.03	1240	5.1
4-6 years	18.87	1690	7.0
7-9 years	26.37	1950	8.1
ADOLESCENTS			
10-12 years			
Males	34.4	2190	9.1
Females	31.5	1970	8.2
18-15 years			
Males	47.8	2450	10.2

	Female	46.7	2060	8.6
16-18 Years				
	Males	57.1	2640	11.0
	Females	49.9	2060	8.6
ADULTS				
Males				
	Light work	60	2425	10.1
	Moderate work		2875	12.0
	Heavy Work		3800	15.8
Females				
	Light work	50	1875	7.8
	Moderate work		2250	9.3
	Heavy work		2925	12.2
Pregnancy			+300	+1.25
Lactation				
	First 6 months		+550	+2.8
	6-12 Moths		+400	1.68

Source: ICMR (190) Recommended Dietary Intakes for Indians, New Delhi.

Protein Requirements:

It is customary to express requirement in terms of grams per kg. of body weight. The ICMR Expert Group suggested an intake of one gram of protein per kg. of body weight for adult males and females, assuming a Net Protein Utilization (NPU) of 65 for the dietary protein. The protein intake must also satisfy the need for essential amino acids.

The NPU of the protein of Indian diets varies between 50 and 80.

Table-5.2.1

Recommended Protein Intakes & Protein Energy Ratio

Group	Recommended Protein Intake (g/day)	Recommended Energy Intake (k cal/day)	Protein Energy Ratio (%)
Adult (Moderate Activity)			
Man	60	2900	8.3
Women	50	2000	9.1
Pregnant Women	65	2500	10.4
Lactating Woman (0-6 months)	75	2700	10.6
Pre School Children			
1-3 years	21	1240	6.8
4-6 years	29	1690	6.9
7-9 years	40	1950	8.2
Adolescents			
13-15 years			
Boys	67	2450	10.9
Girls	62	2060	12.0
16-18 years			
Boys	75	2640	11.4
Girls	60	2060	11.7

Source: ICMR (1990) Recommended Dietary Intakes for Indians, New Delhi.

The protein intake must also satisfy the need for essential amino acids.

Table –5.2.2

Relative Protein Value of some Foods: Percent of Total Energy Supplied by Protein

Food	Nutrients per 100g		Energy from Proteins	
	(k.cal)	Protein (g)	Actual	Protein-Energy % (k.cal.)
Fish	100	20.0	80	80
Milk (Cow)	67	3.2	13	20
Dhal	350	21.0	84	24
Rice	350	7.0	28	8
Potato	100	1.6	6	6
Banana	100	1.0	4	4
Tapioca	160	0.7	3	2

Source: ICMR (1990), Recommended Dietary Intakes for Indians, New Delhi.

Fat Requirements:

The daily requirement of fat is not known with certainty. During infancy, fats contribute to a little over 50 percent of the total energy intake. This scales down to about 20 percent in adulthood.

The ICMR Expert Group (1989) has recommended an intake of 20 percent of the total energy intake as fat, of which at least 50 percent of fat intake should consist of vegetable oils rich in essential fatty acids.

Table-5.3

Suggested Intake of Dietary Fat

Group	Fat Intake		Essential Fatty Acids (energy %)
Adult Man and Woman	20*	9	3
Pregnant Women	30	12.5	4.5
Lactating Woman	45	17.5	5.7
Older Children	22	9	3
Younger Children	25	15	3
* About half of this will come from invisible fat present in the foods.			

Source: ICMR (1990), Recommended Dietary Intakes for Indians, New Delhi

Mineral Requirements:

More than 50 chemical elements are found in the human body, which are required for growth, repair and regulation of vital body functions. Only a few mineral elements like calcium, phosphorus, sodium, iron, fluorine and iodine are associated with clearly recognizable clinical situations in humans.

Calcium:

Calcium is a major element of the body. It constitutes 1.5-2 percent of the body weight of an adult human. An average adult body contains about 1200 gm of calcium of which over 98 percent is found in the bones.

A daily intake of 400 to 500 mg of calcium has been suggested for adults. The physiological requirements are higher in children, expectant and nursing mothers. The developing foetus requires about 30 gm of calcium. Ionized calcium in the plasma has many vital functions including formation of bones and teeth, coagulation of blood, contraction of muscles, cardiac action, milk production, relay of electrical and chemical messages that arrive at a cell's surface membrane to the biochemical machinery within the cell, keeping the membranes of cells intact and the metabolism of enzymes and hormones.

Iron:

Iron is of great importance in human nutrition. The adult human body contains between 3-4 gm of iron of which 60-70 percent is present in the blood (Hb iron) as circulating iron and the rest as storage iron. Each gm of haemoglobin contains about 3.34 mg of iron. Iron is mostly absorbed according to body needs. Iron absorption is greater when there is an increased

demand for iron, as for example, during pregnancy. The total iron loss of an adult is probably 1 mg and about 2 mg in menstruating women.

Major routes of iron loss are:

- a. through haemorrhage that is, whenever blood is lost, iron is lost, the causes of which may be physiological (e.g. menstruation, child birth) or pathological (eg hook worm, malaria, haemorrhoids, peptic Ulcer)
- b. based losses such as excretion through urine, sweat and bile, and disquamated surface cells. The recent wide spread use of IUDs in the family planning programme is an additional cause of iron loss.

Because of recycling of iron, only a small amount of iron is needed by the body. In general, iron requirements are greater when there is a rapid expansion of tissues and red cell mass as for example, during pregnancy, childhood and adolescence.

Table-5.4
Requirements of Iron for Different Age Groups

Age Group	Iron in mg that should be absorbed (daily needs)
Infants (5-12 months)	0.7
Children (1-12 years)	1.0
Adolescents (13-16 years)	1.8 (males) 2.4 (Females)
Adults, Males	0.9
Adult Females	
Menstruation	2.8
Pregnancy	
First half	0.8
Second half	3.5
Lactation	2.4
Post-Menopause	0.7

Source: Sood, S.K. and U. Rusia (1986) and of NAT ACAD of MED. Sci., India, 22

The other important minerals are phosphorus, sodium, potassium, magnesium, iodine and fluorine. Thus, the above mentioned nutritional requirements specifically for a women are of high order significance in order to maintain her health. Health, therefore can be maintained by proper intake of respective requirements of nutrients at various age level.

5.5 PRINCIPLES OF CURRICULUM DEVELOPMENT FOR ADULT WOMEN LEARNERS

Curriculum development is mainly concerned with the design of plans for actual teaching learning situations. It is based upon the broad goals and identifies ways to translate those goals into a coordinated and coherent programme of learning experiences.

As far as designing of curriculum of neo-literates women is concerned it requires vital inputs to bring about the desired changes in the attitudes and perceptions of neo-literate women. They need learning experiences for coping up with specific life situations.

With a view to impart knowledge and guidance to the adult learners specifically women, following principles of curriculum development must be taken into consideration:-

- Various teaching and learning theories, developed so far should serve as resources and not as solutions to the problems of adult learners. For example, behavioural approach is useful in skill training tasks whereas humanistic approach is necessary in personal growth and development. Thus, adult teaching should be problem solving, personalized, practical and self directed.

- Expectations of neo-literate women should be identified and articulated for providing relevant learning experiences in a planned manner.
- Suitable strategies should be developed for integration of new knowledge and skills and application of the same in the learning situation.
- Literature for neo-literate women should essentially be revolved around their life situations. It may highlight availability of resources and ways to procure them.
- Interesting and need based curriculum promotes the desire to learn thereby leading to attitudinal changes among neo-literate women. Curriculum should not be beyond the comprehension of this target group⁷.
- The content of the learning material must include related issues and challenges of their life with an underlying message of changing their attitudes and empowering them as to face the issues and challenges of life tactfully .
- Mere factual information does not make the curriculum interesting. Along with factual information other objectives like understanding, skills must also be given priority while designing the curriculum of neo-literate women.
- The liking for ways of recreation exhibited by the respondents testify their interest in socio-cultural traditions, customs, rituals, festivals and fairs and these should be reflected in the curriculum of neo-literate women.

- Knowledge with regard to the legal and other rights of women is still not spread among all the adult learners. This lack of knowledge appears to have a bearing on their role in decision-making skills too. Thus, they should make aware of their rights by the curriculum.
- The principle of flexibility in curriculum states that regular changes in accordance with the change in society, demands for equal rights to all, changing values and morality, environment, changing world of work etc are mainly responsible for bringing changes in developed curriculum.

5.6 STEPS OF WRITING A TEXT

The development of main text of curriculum is a very systematic task, which mainly has three major stages:

- Stage 1. Planning
- Stage 2. Preparing for Writing
- Stage 3. Writing and Rewriting

Stage 1. Planning

The researcher has followed the following steps at the time of planning of the curriculum:

- 1 Learner's profile
- 2 Determination of objectives
- 3 Content framework
- 4 Media selection
- 5 Plan to learner support

1. Learner's Profile:

Psychological and psycho-sociological studies indicate that the attainment of literacy is primary to the revolution in mental structure and the development of attitudes and perceptions which a modern citizen needs. Literacy brings about “mental revolution”⁸ of the kind needed in the modern society. Thus, the role of attitudes and beliefs in affecting the human behaviour is undisputed. An unfavourable attitude stops them in participating in the programme. The psychology of women in developed nations differ with the psychology of women in developing or underdeveloped nations. Thoughts and perceptions vary with the norms and standards of a society.

In the present study the neo-literate women having age-group 15-35 were considered for the study. The major psychological characteristics of this target group are as follows-

- Neo-literate women perceive education as a means to earn income, not as a means to bring changes in their attitudes and behaviour.
- One accumulates a growing reservoir of experiences that becomes an increasing resource for learning.
- Majority of neo-literates want immediate return of their learning. They show their curiosity by asking the questions related to their lives.
- Neo-literate women are shy and superstitious in nature. They feel embarrassment in learning at their late age. Therefore, material which can motivate them for learning should be developed.
- Learners join Adult Education Centre (AECs) with some expectations. Majority of them join Adult Education Centre (AEC)

with the objective of learning, reading and writing skills. One of the frequent reasons for dropping out from the AEC is the occupational factor⁹.

- They regard 'literacy' and 'numeracy' as the most important and sufficient learning. They are not bothered about the various welfare programmes run by the government.
- One's self concept moves from one of being a dependent personality towards one of being self directed human beings, poverty and social deprivations lead to development of a negative self concept of one's own capabilities.
- In general working women do not see work as an extension of egocentric interests or as the fulfilment of achievement ambitions but as another place in which more traditional motives are gratified¹⁰.
- Fatalism and belief in destiny, rigidity and dogmatism etc. that stand against one's path to personal development.
- Most women today would not be willing to achieve a greater success than their husbands. In this traditional bound sex stereotyped culture, even though millions of women are employed, old values are internalized and serve as criteria for self-evaluation. Neither men nor women entering marriage expect to share equally in privileges and responsibilities.
- They have limited perception and obstinacy to receive new things, limited vocabulary, non-questioning attitude and expectation of ready made solution.

Thus, the learning of the people is very much influenced by their psychological characteristics. Further their psychology is influenced by the society to which the learners belong. Most Indian women have to live in a society where traditional values and customs are highly responsible for the social set up except few who belong to creamy layer and elite class of the society. Since childhood a female is prepared to perceive the things as differently as the male child. Her psychology is greatly influenced by the values, custom, and the prevalent traditions, culture and social set up in which they live.

2. Determination of objectives:

The developed curriculum on health helped to

- i) develop knowledge and basic understanding of the health and its allied problems.
- ii) develop awareness of health and its allied problems.
- iii) motivate neo-literate women to develop positive attitudes, strong feelings of concern for health.
- iv) develop skills for solving health problems.

3. Content framework:

While selecting the content of the curriculum researcher consulted the adult education functionaries, resource persons and the literature available at various adult education centres. Not only that cognitive and affective domains of the learners previous performance and needs of the learners were also considered at the time of selection of the content. It was also found that most of learners were unable to keep their bio-physical environment neat and clean.

They have least knowledge of their health and hygiene. Therefore, keeping all the factors in mind, researcher has decided to prepare the curriculum on following aspects of health of neo-literates.

- i) Nutrition
- ii) General health and hygiene
- iii) Different diseases and their remedies

4. Media selection:

The selection of media is also important step for curriculum developer. Considering the psychological characteristics of learners, printed material supplemented by pictures were used.

5 Plan to learner support:

To motivate the learners in right direction proper guidance and feed back was given to them. Sometime prizes as a reinforcement was provided to the learner.

Stage II: Preparing for writing

Following sub-stages were taken into consideration while preparing for writing.

1. Check-up of the resources available at various adult education centre.
2. Sequencing of ideas
3. Develop Activities and feedback
4. Explanations and Illustrations
5. Physical format

1. Check-up of the resources available at various adult education centres:

Researcher made a survey of each centre and contacted to high authorities of these centres to know the availability of the resources at various centres.

2. Sequencing of ideas:

Problem-centered approach was adopted at this stage. This sub stage was followed by the researcher as follows

- i) Main points which are to be covered
- ii) Order of points and sub-points
- iii) Overall structure.

3. Activities and feedback:

It was kept in mind that learner should be familiarized with the activities that usually occur in their daily life. The main text covered various activities so that adult learners could be curious at all the time and could maintain their interest in whole process of learning.

4. Explanations and illustration:

Most of the points were explained with the help of interesting stories. The stories were related to their real life situations and life style. Every story carried one issue related to their health. Each and every point was elaborated systematically. These stories were illustrated with the help of pictures sometime.

5. Physical Format

For preparing the physical format of the booklet following points were considered-

- a) Front page (outer shape)
- b) Paper quality
- c) Binding
- d) Printing
- e) Colour Printing
- f) Paper Size Margin
- g) Print Style
- h) Space and length of lines

Stage-III Writing and Rewriting:

In this connection the researcher found a list of norms prescribed by National Literacy Mission. The major points of text writing for adult learners were given in the list. Researcher adopted the same style and following parameters were taken into consideration to develop the text for neo-literate.

S. No.	Parameter	Grade-3
1	Words	Minimum unknown words, avoiding infrequent conjunct letters, words of 5-6 symbols. Font – 20-24
2	Sentences	Up to 12 words
3	Paragraph length	40-50 words
4	Text-length (total number of words in a book)	800-1200 words
5	Illustration's percentage to print area	30-40%
6	Presentation Style	should contain drama, science fiction, how to do style, story, folklore dialogue, songs, kathavachans, jokes, riddles, etc.

First Draft:

Considering above all point researcher prepared first draft of the text. All the stories developed by the researcher were related to the life of the neo-literates. Each story was followed by evaluative exercise. The questions of evaluative exercise were based on multiple type.

It was rechecked by the researcher that whether objectives of the study are sufficiently explicit, activities related to objectives are clear, complete and sequenced logically, the language of presentation has the wavelength on the right pitch of the learners, have been rightly followed.

The first draft of text was sent to the adult education functionaries, linguistic experts and critical friends. A printed paper was supplied to them. They were requested to write their suggestions on this paper (Appendix).

Following were the main suggestions given by the respondents-

- i Stories should contain more illustration.
- ii More examples from daily life of the learners should be included.
- iii Language should be simple, complicated words should be removed.
- iv Linguistic mistakes should be removed.
- v Objectives should be clear.
- vi Stories can be made more effective by drawing few sketches related to their subject matters.
- vii Direct end in few stories lacks correlation between stories and lessons they provide.
- viii Somewhere sentences are long and few words are difficult. These should be rectified.

- ix Unnecessary exaggerations should be reduced to maintain interest in the stories.

It was note worthy that most of the adult education functionaries appreciated the developed text and made appreciating remarks for the developed text. It was a strong motivation for the researcher.

Rewriting of the text.

After considering all the suggestions of adult education functionaries and linguistic experts, a final draft of the text was developed by the researcher.

In this draft, Researcher has selected 20 short stories on research area health, which covers nutrition, general health & hygiene and different diseases and their remedies.

The whole description of different stories may be summarized as below:

S. No	Selected Areas	Number of stories
1	Nutrition	Nine (09)
2	General health & hygiene	Seven (07)
3	Different diseases and their remedies	Four (04)
Total		Twenty (20)

Area wise title of the stories

1. Nutrition

This sub area has following nine stories:

- | | | |
|-----|-----------------------|----------------------|
| i | Behoshi | Unconsciousness |
| ii | Dekhbhal | Look after |
| iii | Pait Koi Sandook Nahi | Stomach is not a box |
| iv | Bimla ka Prann | Vimala's Swear |

v	Aalas	Laziness
vi	Annotha Suraj	A Unique boy- Suraj
vii	Pachhtawa	The guilt
viii	Mahengae Par Na Jana	Costly is not always worthy
ix	Laparwahi	Carelessness

2. General Health and Hygiene

This sub area has following seven (07) stories:

a.	Ayesha Badi Ho Gai	Ayesha has grown up
ii	Jeevan Ester	Living Standards
iii	Sewa Hee Dharm	Service is Worship
iv	Nuksaan	A Loss
v	Seekh	A Lesson
vi	Dard	The Pain
vii	Pradarshani	The Exhibition

3 Different Diseases and their Remedies

This sub area has following four (04) stories.

i	Gumsum	Silent
ii	Apaahij Soach	A Handicapped Thinking
iii	Rang main Bhangh	Fly in Ointment
iv	Shararat	Mischief

The developed text along with exercise is attached herewith.

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स्वास्थ्य शिक्षा का पाठ्यक्रम (नवसाक्षार महिलाओं हेतु)

शोधकर्ता – एहतेशाम अनवर

शोध निर्देशिका – डॉ० (श्रीमती) नसरीन

शिक्षा विभाग

अलीगढ़ मुस्लिम विश्वविद्यालय

अलीगढ़



प्रस्तावना

हम सभी जानते हैं कि शिक्षा एक ऐसी सम्पत्ति है जिसके ग्रहण से न केवल मानव जीवन को ही एक उचित दिसा मिलती है, अपितु सम्पूर्ण समाज और देश विकास एवं प्रोन्नति की ओर अग्रसर होता है। साथ ही साथ यदि हम यह कहें कि 'शिक्षा वे ही ग्रहण कर सकते हैं जिनका स्वास्थ्य अच्छा है, और अच्छा स्वास्थ्य ही उनमें सीखने और समझने की क्षमता का विकास करता है', तो कोई अतिशयोक्ति नहीं होगी। एक स्वस्थ शरीर में ही एक स्वस्थ मस्तिष्क का वास होता है। किसी भी देश की तरक्की तभी संभव है जब उस देश के पुरुषों और महिलाओं की भागीदारी समान हो। अतएव, इन्हें समान रूप से शिक्षित होना भी आवश्यक है। पर हमारे देश की महिलाये आज भी बहुत पीछे हैं। वे निरक्षरता, अंधविश्वास और अस्वस्थता की शिकार हैं। अच्छे स्वास्थ्य के महत्त्व को समझने से आज भी लाखों महिलाएं कोसो दूर हैं। अतः इन्हें शिक्षा देकर इनका उपयुक्त मार्गदर्शन आवश्यक है ताकि ये स्वयं स्वस्थ रहकर एक स्वस्थ समाज के सृजन में सहायक हों। महिलाओं में शोषण और विभिन्न रोगों के प्रति कई गलत धारणाएं आज भी विद्यमान हैं। शिक्षा के अभाव में उन्हें यह नहीं पता कि उनके आस-पास अथवा उनके परिवेश में पायें जाने वाले साधारण चीजों से भी अच्छा और पौष्टिक आहार लिया जा सकता है, थोड़ी सी सावधानी और उपयुक्त देखभाल से स्वयं और अपने परिवार को विभिन्न रोगों से मुक्त रखा जा सकता है। प्रस्तुत पाठ्य सामग्री इन्हीं बातों को ध्यान में रखकर नवसाक्षर महिलाओं को स्वास्थ्य के प्रति जागरूक रखने के लिए तैयार की गयी है।

'यह पाठ्य सामग्री मेरे अनुसंधान का प्रतिफल है जिसे मैंने अपने अथक प्रयास से जिला भोजपुर (बिहार) के बड़हरा प्रखण्ड में 'भोर' गैर सरकारी संस्था द्वारा संचालित सतत् शिक्षा केन्द्रों पर एक प्रयोगात्मक अध्ययन द्वारा किया है। इस अनुसंधान के माध्यम से मेरी यह कोशिश रही है कि महिलाओं को पोषण, स्वच्छ वातावरण एवं परिवेश और विभिन्न रोगों के विषय में अवगत करया जाए जो नवसाक्षर हैं और सतत् शिक्षा केन्द्रों पर अध्ययनरत हैं। मेरा हर संभव यह प्रयास रहा है कि यह पाठ्य सामग्री नव साक्षर महिलाओं द्वारा ग्रहण की गई शिक्षा से संबंधित हो जो उन्हें प्रौढ़ शिक्षा के माध्यम से दिया गया है। यह सामग्री सर्वेक्षण के उपरान्त नवसाक्षर महिलाओं की आवश्यकताओं, रुचियों एवं उनके मानसिक स्तर को ध्यान में रखकर बनाई गई है। मैंने यथासंभव कोशिश की है कि नवसाक्षर महिलाओं के दैनिक जीवन से संबंधित समस्याओं का समाधान उन्हें मिल सके जिससे वह अपनी स्वास्थ्य के प्रति सचेत होकर अपने जीवन को खुशहाल बना सके। कहानी रूपी इस पाठ्य सामग्री में मैंने भाषा की सरलता और रोचकता पर विशेष बल दिया है। इसे और अधिक प्रभावी बनाने एवं त्रुटियों के निष्काषण हेतु सामग्री निर्माण विशेषज्ञों के बहुमुल्य सुझावों का अनुसरण किया गया है।

आशा ही नहीं पूर्ण विश्वास है कि नवसाक्षर महिलाएं इस उपयोगी सामग्री को पढ़कर अपने दैनिक जीवन की स्वास्थ्य संबंधी समस्याओं को दक्षता और हस्त कौशल के द्वारा हल कर सकेंगी।

एहतेशाम अनवर
शोधकर्ता, शिक्षा विभाग
अलीगढ़ मुस्लिम विश्वविद्यालय

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1-बेहोशी

प्रस्तुत कहानी पढ़कर नव साक्षर महिलाएँ स्वास्थ्य-संबन्धी निम्नलिखित बातों की जानकारी ले सकेंगी :-

- 1- संतुलित आहार किसे कहते हैं एवं स्वास्थ्य के प्रति इसका क्या महत्व है ?
- 2- हमारे भोजन में पोषक तत्वों की एक निश्चित एवं संतुलित मात्रा होनी चाहिए ।
- 3- विभिन्न पोषक तत्वों का मनुष्य के शारीरिक एवं मानसिक स्वास्थ्य के प्रति अपनी विशेष भूमिका होती है ।
- 4- खान-पान समय पूर्वक एवं व्यवस्थित होना अच्छे स्वास्थ्य के लिए आवश्यक है ।
- 5- खान-पान की व्यवस्था में थोड़ी दक्षता लाकर इसे उत्तम बनाया जा सकता है ।
- 6- स्वास्थ्य से बड़ा कोई धन नहीं, इस में लापरवाही नहीं बरतना चाहिए ।

बेहोशी

श्यामलाल के घर पहुँचते-पहुँचते साँझ हो चली थी। दरवाजे पर पहुँचकर उसने आवाज लगायी। पति की आवाज सुनकर सुधा ने दरवाजा खोला। श्यामलाल बिना कुछ बोले सीधे बिस्तर पर जा गिरा और बेहोश हो गया। सुधा घबरा गयी। उसने फौरन अपनी बड़ी बेटी मीनू से कहा –

“बेटी जल्दी जा और गाँव वाले अस्पताल से डाक्टर बाबू को बुला ला।

मीनू दौड़ी गयी और डॉक्टर त्रिवेदी को बुला लायी। डॉक्टर साहब ने प्राथमिक उपचार किया, थोड़ी देर में श्यामलाल को होश आ गया।



त्रिवेदी जी— ‘अरे श्यामलाल! आज यह सब कैसे हो गया?’

श्यामलाल —‘डाक्टर बाबू! आज शहर से मैं सब्जी बेचकर घरकी तरफ आ रहा था, धूप काफी तेज थी । जब घर के नजदीक पहुँचा, तब अचानक आँखों में अन्धेरा सा छाने

लगा। जैसे-तैसे घर पहुँचकर आवाज लगायी और सुधा ने दरवाजा खोला फिर क्या हुआ, मुझे याद नहीं।

डाक्टर साहब — 'आज तुमने क्या खाया था?

श्यामलाल — हर दिन की तरह रोटी-सब्जी खाकर सुबह आठ बजे घर से निकला था, फिर शाम तक कुछ खाने का समय ही नहीं मिला। हाँ! दिन में एक चाय जरूर पी थी।

डाक्टर साहब — तुम बड़े लापरवाह हो। ध्यान से खाना नहीं खाने पर तुम्हें कमजारी के कारण ऐसा हुआ है। तुम्हें संतुलित आहार की जरूरत है।

श्यामलाल — डाक्टर बाबू! ये संतुलित आहार क्या होता है ?

डाक्टर साहब — संतुलित आहार उस भोजन को कहते हैं जिसमें शरीर की पूरी देखभाल के लिए सभी पोषक तत्व शामिल हो जैसे— प्रोटीन, वसा, विटामिन, खनिजलवण, कार्बोहाइड्रेट एवं जल की सही मात्रा।

श्यामलाल — ये पोषक तत्व हमें किन-किन चीजों को खाने से मिलेगा ?

डाक्टर साहब — प्रोटीन दूध, मांस, मछली एवं दाल खाने से मिलता है। एक सामान्य मनुष्य को प्रतिदिन 55-60 ग्राम प्रोटीन की जरूरत होती है। रोटी, चावल, आलू आदि से हमें कार्बोहाइड्रेट मिल जाता है। प्रतिदिन के भोजन में इसकी मात्रा 400 से 500 ग्राम होनी चाहिए। अच्छा ये बताओ—तुम घी या मक्खन खाना पसंद करते हो? इससे शरीर को वसा मिलता है। वसा शरीर को उर्जा देता है।

श्यामलाल — डॉक्टर बाबू ! पसंद तो है, पर इतना पैसा नहीं कमा जाता कि खरीद सकूँ। कभी कभी दूध पी लेता हूँ।

डाक्टर साहब — दूध, कभी-कभी नहीं, बल्कि रोज पीना चाहिए। दूध से थोड़ी मलाई निकालकर अगर जमा की जाए, तो पन्द्रह-बीस दिन पर उससे घी निकल सकता है। घी से वसा मिलता है। सामान्य भोजन में कम से कम 75 ग्राम वसा होनी चाहिए। इसके अलावा खनिज लवण और विटामिन भी बहुत जरूरी पोषक तत्व हैं। खनिज लवण पालक साग, हरी सब्जी और फल में पाया जाता है। चावल, रोटी, सब्जी, दूध, फल आदि विटामिन के मुख्य स्रोत हैं। अतः मेरी बातों का पालन करो, जल्द ही सेहतमन्द हो जाओगे।

श्यामलाल ने डाक्टर बाबू को बहुमूल्य ज्ञान के लिए धन्यवाद दिया और उनसे जब फीस का पैसा पूछा तब डाक्टर त्रिवेदी ने बड़े प्रेम से कहा — 'पहले तुम ठीक हो जाओ, फिर फीस दे देना'।

श्यामलाल और उसकी पत्नी ने डाक्टर बाबू की दी हुई सलाह को मानना शुरू किया । धीरे-धीरे श्यामलाल का स्वास्थ्य ठीक रहने लगा। सुधा का भी स्वास्थ्य पहले से और अच्छा हो गया।

कठिन शब्दों के अर्थ –

- 1- संतुलित – नपा तुला
- 2- पोषक – देखभाल अथवा पालन करने वाला, बढ़ाने वाला
- 3- तत्व – चीज
- 4- आहार – भोजन, खाने की चीजें ।
- 5- फौरन – शीघ्र, जल्दी से ।
- 6- स्रोत – जरिया, जिस व्यक्ति अथवा वस्तु से कुछ मिलता हो ।

अभ्यास :-

निम्नलिखित प्रश्नों के साथ चार विकल्प दिए हुए हैं। जो आपको सही लगे उसके आगे सही का चिन्ह () लगावें –

- 1- श्यामलाल बेहोश क्यों हो गया ?

(क) चोट लगने से	()	(ख) दर्द होने पर	()
(ग) कमजोरी	()	(घ) इनमें से कोई नहीं	()
- 2- भोजन करना चाहिए –

(क) संतुलित	()	(ख) असंतुलित	()
(ग) अधिक	()	(घ) बहुत कम	()
- 3- संतुलित आहार होता है

(क) सभी आहार	()	(ख) माँस मछली वाला आहार	()
(ग) शाकाहारी भोजन	()	(घ) सारे पोषक तत्वों से युक्त भोजन	()
- 4- दूध की मलाई से क्या निकालते हैं –

(क) दही	()	(ख) घी	()
(ग) मिठाई	()	(घ) इनमें से कोई नहीं	()
- 5- प्रोटीन मिलता है ।

(क) चावल, रोटी में	()	(ख) माँस मछली, दाल में	()
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- (ग) पालक साग में () (घ) दही ()
- 6- एक सामान्य मनुष्य को प्रतिदिन कितने ग्राम प्रोटीन की आवश्यकता होती है ।
- (क) 80-90 ग्राम () (ख) 55-60 ग्राम ()
- (ग) 25-30 ग्राम () (घ) 20-40 ग्राम ()
- 7- ऊर्जा का मुख्य स्रोत है -
- (क) वसा () (ख) प्रोटीन ()
- (ग) विटामिन () (घ) लौह ()
- 8- भोजन करना चाहिए -
- (क) खूब () (ख) कम ()
- (ग) भोजन के साथ () (घ) सुबह शाम ()
- 9- पानी पीना चाहिए -
- (क) खूब () (ख) कम ()
- (ग) भोजन के साथ () (घ) सुबह शाम ()
- 10- किस आहार में हमें कई प्रकार के पोषक तत्व मिलते हैं -
- (क) माँस मछली () (ख) रोटी चावल ()
- (ग) दूध () (घ) फल ()
- 11-पालक साग में हमें मिलता है-
- (क) विटामिन () (ख) प्रोटीन ()
- (ग) खनिज लवण () (घ) लौह ()

2—देखभाल

प्रस्तुत कहानी को पढ़कर नवसाक्षर महिलाएँ निम्नलिखित ज्ञान प्रद एवं लाभ प्रद बातों को समझ सकेंगी —

- 1— बच्चों को आरम्भ से ही सभी पोषक तत्वों से युक्त आहार देना चाहिए जिससे उनका शारीरिक एवं मानसिक विकास ठीक ढंग से हो सके ।
- 2— किस खाद्य पदार्थ में कौन सा पोषक तत्व पाया जाता है ?
- 3— साधारण भोजन द्वारा भी उपयोगी पोषक तत्वों को गृहण किया जा सकता है ।
- 4— बच्चों के सम्पूर्ण स्वास्थ्य के लिए किन-किन महत्वपूर्ण पोषक तत्वों की क्या भूमिका है ?
- 5— शरीर की देखभाल बाल्यावस्था से ही ठीक ढंग से होना चाहिए ।

देखभाल

गिरधारी लाल दफ़तर से लौट रहे थे। जब वे गाँव की पुलिया पर पहुँचे तब उन्होंने दो छोटे बच्चों को चुपचाप बैठे हुए देखा, वे दोनों हाँफ रहे थे।

गिरधारी लाल – तुम दोनों यहाँ क्या कर रहे हो ?

बच्चों ने पीड़ा भरे आवाज में कहा – हम दोनों भाई विद्यालय से लौट रहे हैं । हमारी टाँगों में काफी दर्द है, हमसे चला नहीं जाता ।

गिरधारी लाल ने बच्चों को साईकिल पर बिठा लिया और फिर एक से पुछा— क्या नाम है तुम्हारा ?

‘रवि’ । – बड़े लडके ने कहा ।

गिरधारी जी— छोटू ! तुम्हारा क्या नाम है ?

‘मेरा नाम छोटू नहीं, सोहन है’ ! –छोटे भाई ने बड़ी चंचलता से कहा।

गिरधारी जी— तुम्हारे पिता का नाम क्या है ?

रवि— हमारे पिता जी का नाम संजय प्रसाद है ।

बच्चे गिरधारी लाल जी को अपने घर ले गये ।

घर पर माँ बच्चों की राह देख रही थी । गिरधारी जी ने बच्चों को उनके घर उतारा और बच्चों के पिता से मिलने की इच्छा जतायी ।

‘इनके पिता जी घर पर नहीं हैं – बच्चों की माँ ने भीतर से आवाज दी’ ।

गिरधारी लाल— ‘सुबह सात बजे उन्हें मुखिया जी के घर भेज देना।

संजय जब रात को कारखाने से काम कर के घर लौटा तब पत्नी ने कहा— आज गिरधारी जी ने बच्चों को घर पहुँचाया है । और यह कह रहे थे कि तुम्हें सुबह सात बजे मुखिया जी के घर पहुँचना है ।

संजय सुबह सात बजे मुखिया जी के घर पहुँचा । वहाँ मुखिया जी, गिरधारी लाल जी एवं गाँव के सरपंच बैठ कर बातें कर रहे थे । संजय को देखकर गिरधारी लाल बोल

पड़े — भाई संजय । यदि बच्चों की सही देखभाल नहीं कर सकते, तो परिवार बढ़ाने से क्या फायदा ।



संजय— क्या हो गया मुखिया जी !

गिरधारी जी— तुम्हारे दोनों बच्चे शरीर से अस्वस्थ हैं। कल विद्यालय से लौटते समय वे चल नहीं पा रहे थे, उनकी टाँगों में बहुत दर्द था । वे दोनों हाँफ रहे थे । उन्हें जल्दी ही किसी डाक्टर से दिखाओ, आलस न करो ।

संजय— जी, बहुत अच्छा ! आपका धन्यवाद !

कहकर संजय घर आ गया और अगले दिन बच्चों को शहर के डॉक्टर रमेश के यहाँ ले गया ।

डाक्टर साहब के पूछने पर रवि ने कहा — टाँगों में दर्द रहता है । भूख नहीं लगती, सर में भी दर्द रहता है ।

डाक्टर साहब— तुम्हें भी ऐसा होता है ? छोटे लडके से पूछा !

सोहन— जी ! डॉक्टर साहब ।

बच्चों को बाहर बिठा कर, डॉक्टर रमेश ने संजय से कहा—

‘लापरवाही के कारण बच्चों को बेरी— बेरी नामक रोग हो गया है जा थायमिन की कमी से होता है । थायमिन एक प्रकार का विटामिन है । कुछ दवाइयाँ मैं लिख रहा हूँ । इन्हें समय से खिलाना । बच्चों के खान—पान पर भी पूरा ध्यान रहे । कोशिश यह रहे कि हमेशा संतुलित आहार ही लें । संतुलित आहार शरीर की पूरी देखभाल करता है । दूध रोज पीना चाहिए ।’

संजय— ऐसा क्यों ?

डाक्टर साहब— दूध में अधिक से अधिक पोषक तत्व मौजूद होते हैं । इसके अलावा प्रोटीन शारीरिक वृद्धि और शरीर को हृष्ट पुष्ट रखने में सहायक होता है ।

संजय— प्रोटीन किस भोजन से मिलेगा ?

डाक्टर साहब—दूध, अण्डा, माँस एवं मछली, दाल एवं सोयाबीन में प्रोटीन पाया जाता है । इनमें से किसी भी पदार्थ का सेवन उचित मात्रा में करना चाहिए । शाकाहारी लोगों को घी, मक्खन , दूध आदि दिन भर में एक बार जरूर लेना चाहिए । फल में केला खाने से हमें लौह, नामक पोषक तत्व मिलता है । यह शरीर को शक्ति प्रदान करता है ।

रोटी, चावल, हरी सब्जी आदि से हमें कार्बोहाइड्रेड मिलता है । अतः संतुलित आहार का मतलब है— उचित मात्रा में सम्पूर्ण पोषक तत्वों के साथ भोजन ग्रहण करना ।

अच्छा संजय अब तुम जाओ और जब बच्चे ठीक हो जायें तब फिर मिलना ।

संजय— धन्यवाद ! डाक्टर साहब ।

संजय बच्चों के साथ गाँव लौट गया । नियमित दवाखाने और अच्छे खान—पान से बच्चे जल्द ठीक हो गये ।

कठिन शब्दों के अर्थ —

पीड़ा — दर्द

उचित — ठीक, सही

नियमित— समय पूर्वक

हृष्टपुष्ट— मोटा ताजा, सेहत मंद

प्रदान— देने का काम ।

अभ्यास—

नीचे लिखे प्रश्नों के साथ चार विकल्प दिए हुए हैं । आपको जा सही लगे उसके सामने सही का चिन्ह (I) लगावें —

1— बच्चों को रोग हो गया —

(क) पिलिया

()

(ख) खसरा

()

- (ग) बेरी-बेरी () (घ) क्षय रोग ()
- 2- बेरी-बेरी रोग किस विटामिन की कभी से होता है -
- (क) विटामिन ए () (ख) विटामिन बी ()
- (ग) विटामिन डी () (घ) थायमिन ()
- 3- खनिज लवण किस आहार से मिलता है -
- (क) हरी सब्जी () (ख) दाल ()
- (ग) अण्डा () (घ) सोयाबिन ()
- 4- शरीर की वृद्धि के लिए कौन सा पौषक तत्व बहुत जरूरी है ?
- (क) आयोडिन () (ख) विटामिन ()
- (ग) प्रोटीन () (घ) लौह ()
- 5- केले में कौन सा पोषक तत्व पाया जाता है ?
- (क) विटामिन () (ख) प्रोटीन ()
- (ग) लौह () (घ) कोई नहीं ()
- 6- सबसे अधिक प्रोटीन किसमें पाया जाता है ?
- (क) सोयाबिन () (ख) दाल ()
- (ग) अण्डा () (घ) माँस ()
- 7- भोजन भरा होना चाहिए -
- (क) विटामिन से () (ख) प्रोटीन से ()
- (ग) सारे पोषक तत्वों से () (घ) लौह से ()
- 8- सामान्य भोजन में कम से कम कितना वसा होना चाहिए -
- (क) 40 ग्राम () (ख) 75 ग्राम ()
- (ग) 20 ग्राम () (घ) 30 ग्राम ()
- 9- सामान्य मनुष्य को प्रतिदिन कार्बोहाइड्रेट लेना चाहिए -
- (क) 400-500 ग्राम () (ख) 200 ग्राम ()
- (ग) 300 ग्राम () (घ) 100 ग्राम ()
- 10- भोजन करना चाहिए -
- (क) भूख के अनुसार () (ख) भूख से अधिक ()
- (ग) भूख से थोड़ा कम () (घ) बिना किसी कारण ()
- 11- बच्चे क्यों नहीं चल पा रहे थे -
- (क) चोट के कारण () (ख) बुखार के कारण ()

- (ग) कमजोरी के कारण () (घ) बिना किसी कारण ()
- 12- रात को सोते समय पीना ज्यादा लाभ प्रद है -
- (क) घी () (ख) पानी ()
- (ग) दूध () (घ) कुछ भी नहीं ()

3—पेट कोई सन्दूक नहीं

प्रस्तुत कहानी को पढ़कर नवसाक्षर महिलाओं को निम्नलिखित बातों का ज्ञान होगा —

- 1— शरीर को संतुलित आहार की आवश्यकता होती है।
- 2— मानव शरीर केवल पोषक तत्वों की संतुलित अथवा निश्चित मात्रा को ही ग्रहण करना चाहता है, भोजन की अधिक या कम मात्रा अच्छे स्वास्थ्य के प्रतिकूल होती है।
- 3— मनुष्य का पेट कोई सन्दूक नहीं है, जिसे जितना चाहे और जिससे चाहें भर लें। यह एक चलित मशीन रुपी शरीर का एक भाग है जिसमें संतुलित आहार की आवश्यकता होती है।
- 4— किसी भी एक प्रकार के पोषक तत्व की अधिकता वाला भोजन संतुलित भोजन नहीं होता।
- 5— पोषक तत्वों की विविधता और उनकी संतुलित मात्रा से पूर्ण भोजन ही संतुलित भोजन कहलाता है।

पेट कोई सन्दूक नही

सोहन काफी मेहनती इन्सान था और उसने मेहनत करके जरूरत से अधिक पैसों जमा कर लिए थे। गाँव से हटकर शहर में उसने अपना एक मकान भी बना लिया था। उसके दो पुत्र एवं एक पुत्री थी।

सोहन की समझ में माँस-मछली का अधिक सेवन करना ही अच्छे सेहत के लिए जरूरी था। वह प्रति दिन माँस अथवा मछली के साथ जरूरत से ज्यादा भोजन करता और अपने बच्चों को भी इच्छा से अधिक खाने के लिए जोर देता था। इसके साथ-साथ सोहन घी और मक्खन का भी खूब सेवन करता था। उसके मुताबिक सेहत के लिए जरूरी खाना इसे ही कहते हैं।



इसके विपरित सोहन की पत्नी माँस-मछली घी मक्खन से दूर रहकर केवल चावल एवं सब्जी खाना पसन्द करती और खुद को अधिक स्वस्थ होने का दावा करती थी।

परिणाम यह हुआ कि कुछ ही दिनों में सोहन और बच्चे मोटे होने लगे। सोहन की कार्यक्षमता घटने लगी बच्चे पढ़ते कम और सोते अधिक। सोहन की पत्नी का भी स्वास्थ्य गिरने लगा। पड़ोस में डॉक्टर शंकर रहते थे। एक दिन सोहन अपनी पत्नी के साथ उनके घर गया और कहने लगा —

‘डॉक्टर साहब ! आखिर बात क्या है? समझ में यह नहीं आ रहा कि मैं खान-पान पर अधिक से अधिक खर्च करता हूँ पर भीतर से स्वस्थ नहीं रह पाता हूँ। अब मुझे काम करने में काफी कठिनाई होती है, मैं जल्द ही थक जाता हूँ जबकि खूब भोजन करता हूँ और माँस —मछली अधिक खाता हूँ ।’

पत्नी ने कहा —‘मैं सब्जी चावल पूरी-पूरी मात्रा में खाती हूँ माँस-मछली को हाथ तक नहीं लगाती, फिर भी कमजोर होती जा रही हूँ ।’

डॉक्टर शंकर ने दोनों को समझाते हुए कहा —

‘पेट कोई सन्दूक नहीं है, जिससे चाहें जितना भर लो, बल्कि इसे निश्चित समय पर निश्चित भोजन की मात्रा की आवश्यकता होती है ।’

डॉक्टर साहब ने सोहन से कहा—‘देखो सोहन! माँस मछली और चावल खाकर कार्बोहाइड्रेट और प्रोटीन तो मिल जाता है। घी मक्खन के सेवन से वसा भी मिल जाना है। इच्छा से अधिक खाने पर मनुष्य मोटा तो जरूर हो जाता है पर शरीर को संतुलित आहार नहीं मिल पाता है, क्योंकि संतुलित आहार के लिए भोजन को खनिजलवण, विटामिन, लौह और अन्य कई पोषक तत्वों से युक्त होना आवश्यक है। तुम केवल दो या तीन ही पोषक तत्व अपने भोजन द्वारा शरीर को पहुँचा पाते हो। खनिजलवण और विटामिन के लिए दूध, पालक, हरी सब्जी और फल जरूर खाना चाहिए।

डॉक्टर साहब की बातें दोनों पति पत्नी बड़े ध्यान से सुन रहे थे । पत्नी को भी विशेष रूप से समझाते हुए डॉक्टर शंकर बोले— ‘देखो बहन! केवल चावल और सब्जी खाकर सिर्फ कार्बोहाइड्रेट और कुछ विटामिन एवं खनिजलवण ही शरीर को दिया जा सकता है प्रोटीन, वसा, कैल्शियम, लौह आदि भोजन के पोषक तत्व उपयुक्त मात्रा में शरीर को नहीं मिल सकते हैं। अतः तुम्हें दूध, फल और सभी तरह की हरी सब्जियों

का सेवन करना भी जरूरी है। दाल खूब पीना चाहिए, इसमें अधिक प्रोटीन मिलता है । चावल के अलावा रोटी भी खाना चाहिए ।

दोनों पति-पत्नी ने प्रसन्नता जताते हुए कहा –

‘डाक्टर साहब यदि हम आपके पास नहीं आते तो इतने सारे बहुमूल्य ज्ञान से वंचित रह जाते । आपका बहुत –बहुत धन्यवाद!

डाक्टर साहब – ‘अरे मेरा तो कर्तव्य यही है कि मैं अपने प्रयास से लोगों को स्वस्थ रहने की प्रेरणा दे सकूँ।

हॉ एक महत्वपूर्ण बात यह है कि अधिक खाने से या किसी एक दो प्रकार के अवयवों का भोजन में ज्यादा मात्रा होने से स्वास्थ्य नहीं बनता। स्वास्थ्य के लिए संतुलित आहार लेना चाहिए और संतुलित आहार में प्रोटीन, कार्बोहाइड्रेट, वसा, खनिज लवण, विटामिन एवं जल की पर्याप्त मात्रा होनी चाहिए ।’

सोहन और उसकी पत्नी को संतुलित आहार का अर्थ समझ में आया और इन्हें किस प्रकार शरीर तक पहुँचाना चाहिए , इस बात की भी पूर्ण जानकारी हुई । उन्होंने परिवार में खान-पान की व्यवस्था में परिवर्तन लाने का पूरा-पूरा प्रयास किया । कुछ ही दिनों में परिवार के सभी लोग डॉक्टर साहब की बातों पर ध्यान देने लगे । अपने आपको स्वस्थ पाकर सभी लोग खुश रहने लगे ।

कठिन शब्दों के अर्थ –

सन्दूक – बक्सा, पेटी

परिणाम – नतीजा,

उपयुक्त – सही

वंचित – नहीं मिल पाना

प्रेरणा देना – किसी को किसी काम में लगाने के लिए थोड़ा उत्तेजित करना ।

अभ्यास–

मुताबिक– अनुसार

कार्यक्षमता–काम करने की शक्ति

प्रसन्नता – खुशी से भरा

निम्न प्रश्नों के साथ चार विकल्प दिए गए हैं । आपको जो सही लगे, उसके सामने सही का चिन्ह (I) लगावें—

1— सोहन प्रति दिन क्या खाता था ?

- | | | | |
|--------------------|-----|-----------------------|-----|
| (क) शाकाहारी भोजन | () | (ख) फल | () |
| (ग) माँसाहारी भोजन | () | (घ) इनमें से कोई नहीं | () |

2— फल खाना चाहिए ।

- | | | | |
|--------------------------------|-----|----------------------|-----|
| (क) खनिज लवण और विटामिन के लिए | () | (ख) वसा के लिए | () |
| (ग) प्रोटीन के लिए | () | (घ) किसी के लिए नहीं | () |

3—चावल से हमें कौन सा पोषक तत्व मिलता है ?

- | | | | |
|--------------------|-----|--------------|-----|
| (क) प्रोटीन | () | (ख) कैल्शियम | () |
| (ग) कार्बोहाइड्रेट | () | (घ) वसा | () |

4—सोहन की पत्नी भोजन में क्या खाती थी ?

- | | | | |
|---------------------|-----|--------------|-----|
| (क) केवल चावल सब्जी | () | (ख) दाल—रोटी | () |
| (ग) दूध रोटी | () | (घ) कुछ नहीं | () |

5—भोजन में होना चाहिए —

- | | | | |
|-------------------|-----|-------------------|-----|
| (क) सभी पोषक तत्व | () | (ख) एक पोषक तत्व | () |
| (ग) दो पोषक तत्व | () | (घ) तीन पोषक तत्व | () |

6—हरी सब्जी में मिलता है —

- | | | | |
|-------------|-----|-------------------------|-----|
| (क) प्रोटीन | () | (ख) खनिज लवण और विटामिन | () |
| (ग) लौह | () | (घ) वसा | () |

7—सोहन के पड़ोस में रहते थे —

- | | | | |
|-------------------|-----|-----------------|-----|
| (क) डॉक्टर तिवारी | () | (ख) डॉक्टर शंकर | () |
| (ग) डॉक्टर रमेश | () | (घ) डॉक्टर राम | () |

8—घी—मक्खन से मिलता है —

- | | | | |
|-------------|-----|-----------------|-----|
| (क) वसा | () | (ख) प्रोटीन | () |
| (ग) विटामिन | () | (घ) कुछ भी नहीं | () |

9— दाल से हमें मिलता है —

- | | | | |
|-------------|-----|--------------------|-----|
| (क) वसा | () | (ख) कार्बोहाइड्रेट | () |
| (ग) प्रोटीन | () | (घ) कुछ भी नहीं | () |

10—दोतों की मजबूती के लिए जरूरी है —

- | | | | |
|-------------|-----|-----------------|-----|
| (क) प्रोटीन | () | (ख) कैल्शियम | () |
| (ग) वसा | () | (घ) कुछ भी नहीं | () |

11—कैल्शियम मिलता है—

- | | | | |
|-----------------|-----|---------------|-----|
| (क) फल और सब्जी | () | (ख) अण्डे में | () |
| (ग) मॉस में | () | (घ) दाल में | () |

12—शरीर को जरूरी है—

- | | |
|----------------------------------|-----|
| (क) निश्चित समय पर संतुलित भोजन | () |
| (ख) निश्चित समय पर असंतुलित भोजन | () |
| (ग) अनिश्चित समय पर कोई भी भोजन | () |
| (घ) केवल मॉसाहारी भोजन | () |

4—विमला का प्रण

प्रस्तुत कहानी को पढ़कर नव साक्षार महिलाएँ निम्न बातों से अवगत हो सकेंगी—

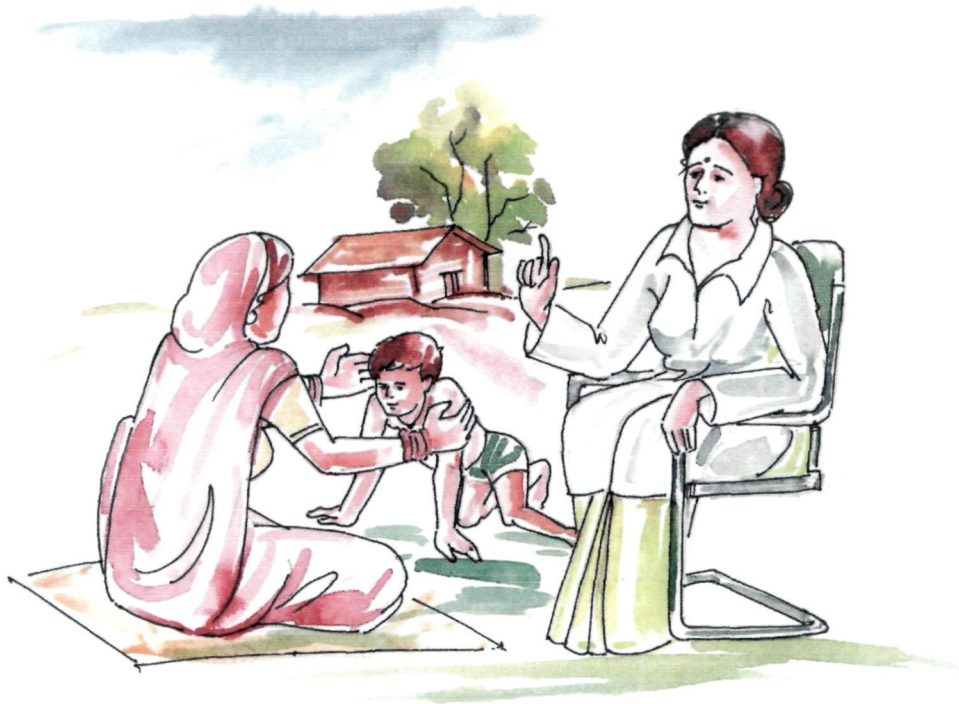
- 1— माँ का दुध बच्चों के लिए एक सम्पूर्ण एवं संतुलित आहार है ।
- 2— स्तनपान कराना माँ और बच्चे दोनों के स्वास्थ्य के लिए जरूरी है ।
- 3— लड़कियों की शादी पूरी व्यस्कता पा लेने के (कम से कम अठारह वर्ष) बाद ही होनी चाहिए, अन्यथा, माँ बनने पर बच्चे और माँ दोनों का स्वास्थ्य ठीक नहीं रहता ।
- 4— संतुलित आहार के महत्व को महिलाएँ समझ पायेंगी ।
- 5— महिलाओं को यह सीख मिलेगी कि स्तनपान कराने पर उनका स्वास्थ्य नहीं गिरता, बल्कि यह उनके लिए लाभकारी होता है ।

विमला का प्रण

अनपढ़ विमला का विवाह उसके खेलने-कूदने के उम्र में ही हो गया था। जब उसका विवाह हुआ, तब वह केवल चौदह वर्ष की थीं। वह शारीरिक एवं मानसिक रूप से अभी अवयस्क थी।

दो वर्ष बाद उसने एक पुत्र को जन्म दिया। जन्म से ही उसने बालक को स्तन पान न कराकर बाजार का ही दूध पिलाया। उसकी यह सोच थी कि स्तन पान कराने पर मैं और भी कमजोर हो जाऊँगी। विमला का स्वास्थ्य ठीक नहीं रहता था। वह भोजन पूरे दिन भर में एक बार ही करती, और वह भी केवल रोटी-सब्जी। विमला का पति शहर में एक दुकान चलाता था और वह देर रात तक घर आ पाता था। उसने भी बच्चे के स्वास्थ्य पर ध्यान नहीं दिया। फलस्वरूप, बच्चे का शारीरिक विकास उचित न हो सका और उसके दोनों पैर घुटनों से मुड़ गये।

डॉक्टर को दिखाने पर पता चला कि बच्चे को 'जन्म से ही विटामिन डी' की कमी है, जिसके कारण हड्डियों का निर्माण ठीक ढंग से नहीं हो पाया और इसे 'रिकेट्स' नामक रोग हो गया।



डॉक्टर साहब ने पूछा —‘विमला! तुम अपने बच्चे को स्तनपान कराती हो या नहीं ?’
विमला ने धीमी आवाज में जबाब दिया —

नहीं ! जन्म से ही मैंने इसे बाजार का ही दूध पिलाया है।

डाक्टर साहब—‘अगर तुम स्तन पान कराती तो आज यह नौबत नहीं आती क्योंकि माँ का दूध बच्चे के लिए अमृत है एवं एक सम्पूर्ण आहार है । इससे माँ और बच्चा दोनों स्वस्थ रहते हैं।

विमला—‘मुझे तनिक भी इस बात की जानकारी नहीं थी, मैं स्वयं अपने बच्चे की बीमारी के लिए जिम्मेदार हूँ।

विमला के पछतावे पर डॉक्टर साहब ने उसे समझाते हुए कहा ‘— चलो, कम से कम तुम्हारी आँखें तो खुल गयीं, दुबारा कभी ऐसी गलती मत करना । तुम्हारा भी स्वास्थ्य बहुत गिर चुका है। तुम्हें संतुलित आहार की जरूरत है। शरीर एक मशीन की तरह काम करता है, इसे सही और पर्याप्त खुराक की जरूरत होती है। भोजन में पोषक तत्व जैसे—प्रोटीन, वसा, कार्बोहाइड्रेट, विटामिन, खनिजलवण एवं जल भी होनी चाहिए। चावल दाल से हमें प्रोटीन और कार्बोहाइड्रेट मिलता है। दूध शरीर के लिए बहुत उपयोगी है। इसका सेवन नियमित रूप से प्रतिदिन करने पर शरीर को वसा, खनिजलवण, प्रोटीन आदि प्रचुर मात्रा में मिलते हैं। फल और हरी सब्जियाँ अवश्य खाया करो। इसमें विटामिन और खनिजलवण पाये जाते हैं ।

विमला—मैं प्रण करती हूँ कि आपके बताये हुए हर निर्देश का पालन करूँगी ताकि स्वयं स्वस्थ रह सकूँ और अपने बच्चे की सेहत का भी पूरा ध्यान रख सकूँ ।

कुछ ही दिनों बाद गाँव के ही प्रौढ़ शिक्षा केन्द्र में तीन दिन के स्वास्थ्य मेले का आयोजन किया गया जिसमें शहर से आयी डाक्टर लता ने गाँव की महिलाओं को स्तनपान की विशेषताओं से अवगत कराया। विमला ने भी यह प्रण किया कि यह संदेश वह गाँव की प्रत्येक महिलाओं तक पहुँचा कर उन्हें और उनके बच्चों को स्वस्थ एवं सुदृढ़ बनाने की प्रेरणा देगी ।

कठिन शब्दों के अर्थ :

अवयस्क	—	नाबालिग, कम उम्र , कमसिन
तनिक	—	थोड़ा
पर्याप्त	—	काफी, आवश्यकतानुसार मात्रा
प्रण	—	किसी काम को करने की ठान लेना, दृढ़ निश्चय

निर्देश देना — किसी काम को करने का तरीका बताना,
सुदृढ — मजबूत

अभ्यास —

निम्न प्रश्नों के साथ चार विकल्प दिए गये हैं, जो आपको सही लगे, उसके आगे सही का चिन्ह लगावें —

1— विवाह के समय विमला कितने वर्ष की थी ?

- | | | | |
|----------------|-----|---------------|-----|
| (क) अठारह वर्ष | () | (ख) सोलह वर्ष | () |
| (ग) बीस वर्ष | () | (घ) चौदह वर्ष | () |

2— बच्चे को कौन सा रोग हो गया था ?

- | | | | |
|-------------|-----|---------------|-----|
| (क) रिकेट्स | () | (ख) बेरी बेरी | () |
| (ग) बुखार | () | (घ) पीलिया | () |

3— रिकेट्स रोग किस विटामिन की कमी से होता है ।

- | | | | |
|------------------|-----|------------------|-----|
| (क) विटामिन 'बी' | () | (ख) विटामिन 'सी' | () |
| (ग) विटामिन 'डी' | () | (घ) किसी से नहीं | () |

4— माँ का दूध बच्चे के लिए क्यों जरूरी है —

- | | | | |
|-------------------------|-----|-----------------------|-----|
| (क) एक सम्पूर्ण आहार है | () | (ख) मीठा होता है | () |
| (ग) पैसे की बचत है | () | (घ) इनमें से कोई नहीं | () |
| () | | | |

5—विमला एक महिला थी —

- | | | | |
|---------------|-----|-----------------------|-----|
| (क) पढ़ी लिखी | () | (ख) अनपढ़ | () |
| (ग) साक्षर | () | (घ) इसमें से कोई नहीं | () |

6—विटामिन 'डी' की कमी से किस चीज का निर्माण ठीक ढंगसे नहीं होता—

- | | | | |
|-----------------|-----|---------------------|-----|
| (क) हड्डियों का | () | (ख) माँस पेशियों का | () |
| (ग) खून का | () | (घ) कुछ का नहीं | () |

7—लड़की की शादी करनी चाहिए —

- | | | | |
|-------------------------|-----|---------------------------|-----|
| (क) कम से कम बीस वर्ष | () | (ख) कम से कम पन्द्रह वर्ष | () |
| (ग) कम से कम अठारह वर्ष | () | (घ) किसी भी उम्र में | () |

8—माँ का स्वस्थ रहना बच्चे के स्वास्थ्य के लिए —

- | | | | |
|----------------|-----|--------------|-----|
| (क) जरूरी नहीं | () | (ख) जरूरी है | () |
|----------------|-----|--------------|-----|

- (ग) हमेशा नहीं () (घ) इनमें से कोई नहीं ()
- 9-विमला के बच्चे को क्या हो गया था – (क) हाथ टूट गया () (ख) सर फट गया ()
- (ग) दोनों पैर छूटने से मूड़ गये () (घ) कुछ नहीं हुआ ()
- 10-माँ का स्वास्थ्य कैसे ठीक रहेगा – (क) शाकाहारी भोजन से () (ख) किसी भी प्रकार के भोजन से ()
- (ग) संतुलित भोजन से () (घ) माँसाहारी भोजन से ()
- 11-बच्चे का स्वास्थ्य निर्भर करता है – (क) माँ के स्वास्थ्य पर () (ख) पिता के स्वास्थ्य पर ()
- (ग) परिवार के स्वास्थ्य पर () (घ) किसी के स्वास्थ्य पर ()
- 12- परिवार सुखी होता है – (क) छोटा परिवार () (ख) बड़ा परिवार ()
- (ग) मझोला परिवार () (घ) कैसा भी परिवार ()

5—आलस

प्रस्तुत काहानी को पढ़कर नवसाक्षर महिलाओं को निम्न बातों का ज्ञान होगा —

- 1— भोजन स्वयं का अथवा घर का बना हुआ ही खाना चाहिए।
- 2— बाहर का खुला हुआ भोजन जिसे बिना किसी सावधानी के बनाया गया है, बीमारी का कारण होता है।
- 3— सफाई पूर्वक भोजन बनाने हेतु कुछ महत्व पूर्ण सावधानियों को अपनाना जरूरी है।
- 4— स्वच्छ और ताजा भोजन शरीर के लिए अति आवश्यक है, अन्यथा परिणाम स्वास्थ्य के विरुद्ध होते हैं।
- 5— स्वच्छता में ही स्वास्थ्य निहित है।
- 6— आलस बुरी बला है।

आलस

कड़ाके की ठंड पड़ रही थी, ऐसा लग रहा था जैसे पानी मिनटों में बर्फ बन जाएगा । सलमा ने सुबह उठते ही अपने परि करीम से कहा—

“आज तो पानी छूने का भी मन नहीं कर रहा है इसलिए आज मैं घर में खाना नहीं बनाऊँगी, सड़क पर जो सलीम का होटल है, आप वहाँ से खाना खरीद कर ले आइए।”



करीम ने मना करते हुए कहा—

“होटलों में खाना सफाई से नहीं बनया जाता है, इसलिए वहाँ का ‘खाना’ खाना बीमारी को दावत देना है ”।

सलमा ने झुझलाते हुए कहा—

“सारी दुनिया खाती है, उन्हें तो कुछ नहीं होता!”

करीम सलमा की जिद को टाल न सका और भोजन खरीद लाया । घर में दो बच्चे थे—जमील और सालेहा । सलमा ने बच्चों को पहले खाना खिला दिया और कहा—

भोजन करके तुम लोग घर में ही रहो, बाहर बहुत ठंड है। खाना खाने के बाद बच्चे बिस्तर में जा घुसे। करीब आधे घंटे बाद दोनों बच्चों ने पेट दर्द की शिकायत की और उल्टियाँ करने लगे। सलमा घबरायी, करीम भी घर पर न था। वह दौड़कर फिर तुरन्त मुहल्ले के ही डॉक्टर नसीम को बुला लायी ।

डॉक्टर साहब ने तुरन्त इलाज शुरू कर दिया और कुछ दवायें बाजार से लाने के लिए कहा। दवा लाने के लिए सलमा ने अपनी पड़ोसन फातिमा को बाजार भेज दिया ।

डाक्टर साहब ने पुछा— क्या बच्चों को बासी या बाहर का भोजन दिया गया है ।

सलमा ने लज्जा भरे स्वर में कहा— जी हॉ! आज खाना हमने होटल से मंगाया था।

डाक्टर नसीम ने कहा—

आप इतनी आलसी हैं कि घर में खाना नहीं बना सकती, ये बिल्कुल शोभा नहीं देता!

फिर, समझाते हुए बोल पड़े —

सड़क के किनारे जितने भी छोटे-छोटे होटल हैं, इनमें सफाई का कोई ध्यान नहीं होता। न तो ये होटलवाले साफ बर्तनों में खाना पकाते हैं और ना ही पकाते समय सफाई का ध्यान रखते हैं, खाना खुला भी छोड़ देते हैं, मक्खियाँ लगती रहती हैं । कई बार तो ये होटल वाले रात का बचा हुआ दिन में और दिन का बचा हुआ रात को खिला देते हैं। अगर आप फौरन मेरे पास नहीं आती, तो बच्चों का बच पाना मुश्किल था, इन्हें डायरिया हो सकता था।

सलमा— डाक्टर साहब मुझे अपने आलस पर बहुत पछतावा हो रहा है। मुझसे गलती हो गई, मैं आपको भरोसा दिलाती हूँ कि भविष्य में फिर कभी ऐसी गलती नहीं होगी ।

शाम में करीम जब घर लौटा, तब उसे सारी बात मालूम हुई और उसने थोड़ा क्रोध भरे स्वर में कहा— मैंने मना किया था पर तुमने मेरी बात नहीं मानी । खुदा का शुक्र है जो आज हम एक छोटी सी गलती करके बड़े हादसे से बच गए । आज के बाद तुम्हें खाना पकाते समय सफाई का पूरा ध्यान रखना होगा । बर्तनों को साफ रखना है । खाना पकाने के लिए साफ पानी का प्रयोग करना जरूरी है । सब्जी, चावल, दाल को सफाई से धोकर ही पकाना चाहिए ।

सलमा— हाँ! हाँ! मैं भी जानती हूँ। इसके अलावा खुद साफ रहना भी जरूरी है। यह भी ध्यान देने की बात है कि भोजन जल्दबाजी में नहीं किन्तु धैर्य के साथ धीमी आग पर पकाना चाहिये। करीम हँसते हुए बोला — जब सब कुछ जानती हो तब आलस कैसा ? आलस भी एक बुरी बला है।

कठिन शब्दों के अर्थ—

शुक्र — धन्यवाद का भाव

हादसा— घटना

धैर्य— उतावला न होने का भाव, सब्र

फौरन — शीघ्र, तुरन्त, जल्दी से

अभ्यास—

निम्न प्रश्नों के साथ चार विकल्प दिए हुए हैं, सही के आगे सही का चिन्ह लगावें—

1— आपको होना चाहिए —

- | | | | |
|----------------------------|-----|-----------------------|-----|
| (क) आलसी | () | (ख) फूर्तीला | () |
| (ग) आलसी और फूर्तीला दोनों | () | (घ) इनमें से कोई नहीं | () |

2— सलमा ने—

- | | | | |
|---------------------|-----|--------------------|-----|
| (क) खाना खुद बनाया | () | (ख) होटल से मंगाया | () |
| (ग) पड़ोस से मंगाया | () | (घ) कुछ नहीं खाया | () |

3—बाहर का भोजन तभी करना चाहिए —

- | | | | |
|-------------------------------------|-----|------------------------------------|-----|
| (क) जब यह खुला रखा हो | () | (ख) जब यह गंदगी वाले जगह पर रखा हो | () |
| (ग) जब यह साफ जगह पर ढका हुआ रखा हो | () | (घ) कहीं भी रखा हो | () |

4—भोजन करना चाहिए।

- | | | | |
|----------|-----|-----------------------|-----|
| (क) बासी | () | (ख) कच्चा | () |
| (ग) ताजा | () | (घ) इनमें से कोई नहीं | () |

5— बाहर का खुला भोजन करना चाहिए —

- | | | | |
|-------------|-----|---------------|-----|
| (क) कभी—कभी | () | (ख) कभी नहीं | () |
| (ग) नहीं | () | (घ) घुमते समय | () |

6— भोजन होना चाहिए—

- | | | | |
|-------------|-----|-----------------------|-----|
| (क) आधा पका | () | (ख) पूरा पका | () |
| (ग) कच्चा | () | (घ) इनमें से कोई नहीं | () |

- 7-भोजन करने के थोड़ी देर बाद बच्चों को कौन सी परेशानी होने लगी?
- (क) नींद आने लगी () (ख) पेट में दर्द और उल्टी ()
 (ग) सर में दर्द () (घ) पैर में दर्द ()
- 8- खाना पकाते समय सफाई जरूरी है, क्योंकि-
- (क) गंदगी खाना को दूषित कर देता है () (ख) अच्छा दिखने के लिए ()
 (ग) गंदगी से भगवान गुस्सा हो जाते हैं () (घ) सब यही चाहते हैं ()
- 9-उल्टी होना, पेट में दर्द होना और बार-बार शौच जाना किस बीमारी का लक्षण है-
- (क) मलेरिया () (ख) डायरिया ()
 (ग) बुखार () (घ) पीलिया ()
- 10-भोजन बनाते समय ध्यान होना चाहिए -
- (क) भोजन पर () (ख) बच्चों पर ()
 (ग) टेलीविजन पर () (घ) कुछ पर नहीं ()
- 11-घर में रहकर भोजन बाहर से मंगाना एक नारी को -
- (क) शोभा देता है () (ख) शोभा नहीं देता है ()
 (ग) कभी-कभी शोभा देता है () (घ) कभी-कभी शोभा नहीं देता है ()
- 12-करीम ने सलमा को -
- (क) खाना बाहर से मंगाने के लिए मना नहीं किया ()
 (ख) कुछ भी नहीं कहा ()
 (ग) खाना बाहर से मंगाने के लिए मना किया था ()
 (घ) इनमें से कोई नहीं ()

6—अनूठा सूरज

प्रस्तुत कहानी द्वारा नव साक्षर महिलाएँ निम्नलिखित बातों को समझ पायेंगी :—

- 1— अच्छे स्वास्थ्य के लिए महत्वपूर्ण कुछ मूल बातों को ध्यान में रखकर उनका अनुसरण करना चाहिए ।
- 2— केवल अच्छा भोजन ही नहीं अपितु रहन—सहन में सुधार भी अच्छे स्वास्थ्य के लिए नितांत आवश्यक है ।
- 3— भोजन ग्रहण करने की उपयुक्त तरीकों को अपनाना चाहिए ।
- 4— जीवन में स्वच्छता का सीधा संबंध स्वास्थ्य से है ।
- 5— स्वास्थ्य एक निरंतर प्रक्रिया है जिसका ध्यान हमेशा रखना पड़ता है, न कि केवल एक बार ।

अनूठा सूरज

राजा जय सिंह उच्च विद्यालय हर वर्ष की तरह इस वर्ष भी विश्व स्वास्थ्य दिवस (7 अप्रैल) पर एक कार्यक्रम आयोजित करने की पूरी तैयारी में जुटा था। यह विद्यालय हर वर्ष गाँव के अनपढ़ लोगों को आमन्त्रित कर उन्हें स्वास्थ्य के प्रति जागरूक रहने का संदेश देता था। एक सप्ताह पहले ही प्रधानाध्यापक महोदय ने यह घोषणा कर दी कि इस वर्ष कक्षा तीन, चार एवं पाँच के कुछ चुने गये विद्यार्थी अपने भाषण द्वारा लोगों को यह संदेश देंगे कि—हमारे भोजन करने का तरीका क्या होना चाहिए और अच्छे स्वास्थ्य के लिए यह क्यों आवश्यक है। भाग लेने वाले विद्यार्थी थे अजय, रवि, सुनील, सुनिता, प्रिया एवं सूरज ।



7 अप्रैल को कार्यक्रम शुरू हुआ। सभी ने एक के बाद एक अपना भाषण दिया किन्तु कक्षा चार के विद्यार्थी सूरज ने मंच पर सभी को प्रभावित किया। मंच पर पहुँचकर उसने एक शब्द भी मुँह से न निकाला एवं इशारों में ही सारे संदेश दे डाले। प्रशंसा की बात तो यह है कि उसके इशारे यह साफ—साफ बता देते थे कि—वह कहना क्या चाहता है ? सूरज

है कि उसके इशारे यह साफ-साफ बता देते थे कि-वह कहना क्या चाहता है ? सूरज ने यह बता दिया कि अच्छी आदतों को सिर्फ जान लेना ही नहीं, बल्कि उसे जीवन में अपनाना ज्यादा जरूरी है उसने क्रमशः यह दिखाया कि-

- प्रतिदिन भोजन के पहले दाँतों की ढ़ंग से सफाई जरूरी है और स्नान करना अच्छी बात है ।
- उंगलियों के बड़े हुए नाखून काटकर इन्हें साफ रखें ।
- भोजन से पहले हाथ की ठीक से सफाई करनी चाहिए ।
- भोजन को चबाकर खाना चाहिए, यह पाचन में सहायक होता है खाने से पहले या बीच में ज्यादा पानी न पीयें । भोजन करने के कुछ देर बाद पानी पीना लाभकारी होता है ।
- खुला हुआ अधपका और बासी भोजन करना स्वास्थ्य के लिए ठीक नहीं है ।
- खाना समय से खाना जरूरी है एवं संतुलित आहार सेहत के लिए लाभकारी होता है आदि ।

बिना कुछ कहें इतने सारे संदेश देने का यह अनूठा तरीका सारे लोगों को पसंद आया और मनोरंजन के साथ साथ लोगों को शिक्षा भी मिली । प्रतियोगिता का परिणाम घोषित करने वालों ने सूरज को प्रथम पुरस्कार दिया ।

कठिन शब्दों के अर्थ

आमन्त्रित करना - बुलाना घोषणा- कोई बात सबकी जानकारी के लिए कहना ।
 संदेश - सूचना, समाचार, अनूठा - अनोखा, निराला
 सेहत - स्वास्थ्य

अभ्यास -

निम्न प्रश्नों के साथ चार विकल्प दिय गए हैं, आपको जो सही लगे, उसके सामने सही का चिन्ह लगायें -

1-विश्व स्वास्थ्य दिवस किस तिथि को मनायी जाती है -

- | | | | |
|--------------|-----|--------------|-----|
| (क) 10 मई | () | (ख) 4 मई | () |
| (ग) 7 अप्रैल | () | (घ) 5 अप्रैल | () |

2-भोजन से पहले सफाई जरूरी है-

- | | | | |
|----------------------|-----|------------------|-----|
| (क) हाथ और दाँतों की | () | (ख) सिर्फ हाथ की | () |
|----------------------|-----|------------------|-----|

- (ग) सिर्फ दाँतो की () (घ) किसी की भी नहीं ()
- 3-नाखुन की सफाई -
- (क) हमेशा जरूरी है () (ख) कभी-कभी जरूरी है ()
- (ग) जरूरी नहीं है () (घ) इनमें से कोई नहीं ()
- 4-भोजन करने के थोड़ी देर बाद-
- (क) पानी पीना चाहिए () (ख) पानी नहीं पीना चाहिए ()
- (ग) पानी पीना जरूरी नहीं है () (घ) कभी भी पीना चाहिए ()
- 6- खुला हुआ, अधपका और बासी भोजन करना स्वास्थ्य के लिए-
- (क) ठीक है () (ख) ठीक नहीं है ()
- (ग) कोई फर्क नहीं पड़ता () (घ) इनमें से कोई नहीं ()
- 7-भोजन करना चाहिए-
- (क) समय से असंतुलित () (ख) समय से संतुलित ()
- (ग) किसी भी समय () (घ) असंतुलित ()
- 8-सुबह भोजन से पहले जरूरी है-
- (क) पैरों की सफाई () (ख) हाथों की सफाई ()
- (ग) दाँतो और हाथ की सफाई () (घ) इनमें से कोई नहीं ()
- 9-विद्यार्थियों में अनूठा कौन था-
- (क) रवि () (ख) मनोज ()
- (ग) सूरज () (घ) सोहन ()
- 10-कच्चा भोजन करने से-
- (क) पेट खराब होता है () (ख) सर में दर्द होता है ()
- (ग) पैर में दर्द होता है () (घ) कुछ नहीं होता ()
- 11- स्वास्थ्य ठीक रहेगा -
- (क) अगर हम भोजन जैसा भी करें ()
- (ख) भोजन ठीक से पका हुआ सफाई के साथ करेंगे ()
- (ग) भोजन अधपका करेंगे ()
- (घ) भोजन कच्चा करेंगे ()

7-पछतावा

प्रस्तुत कहानी पढ़कर नवसाक्षर महिलाओं को निम्न बातों की जानकारी मिल सकेगी-

- 1- भोजन तैयार करने एवं भोजन ग्रहण करने में सतर्कता लाना बहुत महत्वपूर्ण है ।
- 2- स्वयं एवं बच्चों को बाहर की दूषित खाद्य सामग्री खाने से रोकना चाहिए।
- 3- भोजन की स्वच्छता एवं शरीर की स्वच्छता का स्वास्थ्य से गहरा सम्बन्ध है।
- 4- स्वास्थ्य एवं सफाई एक दूसरे के पूरक हैं ।
- 5- किसी भी प्रकार के शारीरिक एवं मानसिक कष्ट में तुरन्त चिकित्सक से सम्पर्क आवश्यक है ।

पछतावा

राधा, मोहन, सोनू और सोनल एक दिन मेला देखने गये। मेले में उन्होंने खूब मजा किया। झूला झूले, चक्कर पर घूमे, मदारी का खेल देखा। फिर कुछ समय बाद उन्हें भूख लगी, तो मोहन ने कहा—

‘चलो चाटवाले के पास चाट खाने चलते हैं। जब सब जाने लगे तब राधा मना करते हुए बोली—‘क्या तुम लोगों को याद नहीं, मास्टर जी ने ठेले पर रखी खुली चीजों को खाने से मना किया है, उस पर कितनी मक्खियाँ बैठती हैं और ये लोग गंदे हाथों से ही खाद्य सामग्रियों को छूते हैं, गंदे बर्तन इस्तेमाल करते हैं। इससे खाने की चीजें दूषित हो जाती है। किन्तु राधा की बात किसी ने नहीं मानी और सभी चाट खाने ठेले वाले के पास चले गए।



दूसरे दिन जब राधा स्कूल पहुँची तब उसने यह देखा कि उसका कोई भी मित्र स्कूल नहीं आया है। राधा को थोड़ी चिन्ता होने लगी। स्कूल से छूटने के बाद राधा जब

मोहन के घर पहुँची तब उसने देखा कि मोहन बीमार है। पड़ोस में रहने वाले सोनू और सोनल भी अस्वस्थ हैं, वे भी बीमार पड़ गए हैं।

अरे बेटी! न जाने

मोहन की माँ ने कहा—इसने मेले में कैसी चाट खाली कि बिल्कुल बेसुध हो गया। कल रात इसकी तबियत बिगड़ते ही मैं इसे पंचायत भवन के पास वाले डॉक्टर बाबू के घर ले गयी थी। वे कह रहे थे कि बाजार में जो चाट बच्चों ने खायी थी वो विषाक्त था। उसे खाने के बाद ही उन लोगों की यह हालत हुयी हैं। अब तू आ गई है तो डाक्टर बाबू के घर साथ चल, उनसे दवा भी लेनी है।

डाक्टर बाबू के घर पहुँचते ही राधा ने उन्हें नमस्ते किया। उसे देखते ही डॉक्टर बाबू ने पूछा — राधा, क्या तू भी गयी थी ?

राधा— जी! पर मैंने चाट नहीं खायी।

डाक्टर बाबू— तू तो बहुत समझदार है। जो चाट बच्चों ने खाई, उसे बनाते समय कोई सावधानी नहीं बरती गई।

दवा लेकर मोहन की माँ अपने घर चली गई और राधा अपने घर। समय से दवा खाकर मोहन दो दिन में ठीक हो गया। सोनू और सोनल भी ठीक हो गए। सभी फिर से स्कूल जानें लगे। एक सप्ताह बाद जब एक दिन राधा भी स्कूल नहीं पहुँची तब सभी बच्चों को आश्चर्य हुआ क्यों कि राधा कभी स्कूल नहीं छोड़ती थी। जब वह अगले दिन भी विद्यालय नहीं आयी, तब सभी मित्र और मास्टर शम्भूनाथ जी राधा के घर पहुँचे। राधा बिस्तर पर बीमार पड़ी थी। उसकी माँ ने बताया —

‘दो दिन से दस्त और उल्टियाँ हो रही है, बिल्कुल कमजोर हो गयी है मेरी बच्ची। राधा की माँ घरेलू इलाज कर रही थी। हालत गंभीर देख कर मास्टर शंभूनाथ बैध जी को बुला लाये।

बैध जी ने कहा—‘क्या इसे बाहर का भोजन या बासी भोजन खिलाया गया है?

राधा की माँ — कल सुबह मैंने इसे बासी भोजन करा दिया था।

बैध जी— ‘गर्मी इतनी ज्यादा पड़ रही है और आपने इसे बासी भोजन करा दिया। कभी भूलकर भी ऐसा न करें। गर्मी भोजन का दुश्मन होता है। देर के रखे हुए और बंद पड़े भोजन दूषित हो जाते हैं। जल्द से जल्द बच्ची को ये दवा खिलाएँ और ताजा भोजन समय-समय पर थोड़ा-थोड़ा इच्छानुसार दें।

राधा की माँ को अपनी गलती पर बहुत पछतावा हुआ। उसने फिर कभी ऐसा न करने का प्रण किया। सही इलाज और देखभाल से राधा धीरे-धीरे अच्छी हो गई।

कठिन शब्दों के अर्थ –

खाद्य सामग्री—खाने की चीजें
दूषित—खराब, जिसमें दोष हो
विषाक्त—विषयुक्त, जहरीला

गंभीर—बहुत गहरा, जटिल
बेसुध—जिसे सुध या होश न हो
प्रण—किसी काम के लिए ठान लेना

अभ्यास—

नीचे लिखे प्रश्नों के साथ चार विकल्प दिये गये हैं। आपको जो सही लगे उसके सामने सही का चिन्ह लगावें –

1—राधा ने अपने मित्रों को क्या खाने से मना किया ?

- | | | | |
|-----------|-----|-----------------|-----|
| (क) मिठाई | () | (ख) फल | () |
| (ग) चाट | () | (घ) कुछ भी नहीं | () |

2—मास्टर जी ने खाने की खुली हुई चीजों को खाने से क्यों मना किया था ?

- | | | | |
|----------------------------|-----|-----------------------|-----|
| (क) यह स्वाद नहीं देता | () | (ख) यह मीठा नहीं लेना | () |
| (ग) इससे बीमारी हो सकती है | () | (घ) यह तीखा होता है | () |

3—खाने की खुली चीजों पर क्या बैठती हैं ?

- | | | | |
|-----------|-----|-----------------|-----|
| (क) भौरे | () | (ख) मक्खियाँ | () |
| (ग) कीड़े | () | (घ) कुछ भी नहीं | () |

4—मोहन, सोनू और सोनल स्कूल क्यों नहीं गये ?

- | | | | |
|--------------------|-----|---------------------|-----|
| (क) वो खेल रहे थे | () | (ख) वो घूमने चले गए | () |
| (ग) वो बीमार हो गए | () | (घ) बिना कारण | () |

5—छात्रों ने जो चाट खायी, वो—

- | | | | |
|----------------------|-----|-----------------------|-----|
| (क) दूषित हो चुका था | () | (ख) बहुत अच्छा था | () |
| (ग) बहुत तीखा था | () | (घ) इनमें से कोई नहीं | () |

6—मास्टर जी का क्या नाम था ?

- | | | | |
|-------------|-----|---------------|-----|
| (क) रामलाल | () | (ख) श्याम | () |
| (ग) शंभूनाथ | () | (घ) प्यारेलाल | () |

7—खाना बनाते समय सफाई का ध्यान –

- | | | | |
|---------------------------|-----|-----------------------|-----|
| (क) रखना जरूरी नहीं | () | (ख) जरूरी हैं | () |
| (ग) कभी जरूरी है कभी नहीं | () | (घ) इनमें से कोई नहीं | () |

8-राधा क्या खाने से बीमार पड़ी-

- | | | | |
|---------------|-----|---------------|-----|
| (क) चाट | () | (ख) फल | () |
| (ग) बासी भोजन | () | (घ) ताजा भोजन | () |

9-घर से बाहर भूख लगे, तब -

- | | | | |
|--------------------------|-----|-----------------------|-----|
| (क) चाट खना चाहिए | () | (ख) फल खना चाहिए | () |
| (ग) खुला भोजन खाना चाहिए | () | (घ) कुछ भी खाना चाहिए | () |

10- जो लोग संतुलित भोजन करते हैं और साफ सफाई पर ध्यान देते हैं, वे लोग -

- | | | | |
|----------------------|-----|-----------------------|-----|
| (क) अस्वस्थ रहते हैं | () | (ख) स्वस्थ रहते हैं | () |
| (ग) दुःखी रहते हैं | () | (घ) इनमें से कोई नहीं | () |

11- स्वास्थ्य से बड़ा कोई धन नहीं है, यह बात-

- | | | | |
|---------------------|-----|---------------------|-----|
| (क) बिल्कुल सत्य है | () | (ख) कभी-कभी सत्य है | () |
| (ग) गलत है | () | (घ) कभी-कभी गलत है | () |

12-पछतावा किसे हुआ?

- | | | | |
|--------------------|-----|------------------|-----|
| (क) राधा को | () | (ख) मास्टर जी को | () |
| (ग) राधा की माँ को | () | (घ) किसी को नहीं | () |

8— 'मंहगे पर न जाना

प्रस्तुत कहानी पढ़कर नवसाक्षर महिलाओं को स्वास्थ्य के प्रति निम्नलिखित बातों की जानकारी मिल सकेंगी —

- 1— सम्पूर्ण आहार (संतुलित आहार) के लिए भोजन का मंहगा होना जरूरी नहीं है।
- 2— साधारण भोजन के अवयवों में विविधता लाकर एवं प्रत्येक अवयव (खाद्य सामग्री) की पर्याप्त मात्रा लेकर सम्पूर्ण (संतुलित) आहार लिया जा सकता है।
- 3— खान-पान में त्रुटिपूर्ण धारणाओं को दूर करना चाहिए एवं संतुलित आहार का वास्तविक अर्थ और महत्व समझना चाहिए।
- 4— हर पोषक तत्व का शरीर के लिए एक विशेष महत्व होता है।
- 5— प्रकृति की देन ऊँच-नीच, अमीर-गरीब के भेद भाव से परे है। यदि ज्ञान हो तो साधारण से साधारण प्राकृतिक उपज से बहुमूल्य पोषकता प्राप्त की जा सकती है।
- 6— भोजन में नाना प्रकार के फास्टफूट नहीं लेना चाहिए।

मंहगे पर न जाना

नीतू एक साधारण परिवार की लड़की थी, एवं सुधा उसकी अच्छी दोस्त। दोनों बालिका विधालय रामपुर में कक्षा पाँच की छात्रा थी। नीतू सेहतमंद थी। परीक्षा में वह प्रथम आती, एवं विधालय के अन्य क्रिया कलाओं में भी उसका अच्छा प्रदर्शन होता था। सुधा काफी धनी लड़की थी, परन्तु शरीर से दुर्बल, साथ ही साथ स्कूल के सभी प्रतियोगिताओं में पीछे रह जाती। सुधा की माँ को इसकी चिन्ता होने लगी। एक दिन वह नीतू की माँ से मिली और कहने लगी—

अरे बहन! न जाने क्या कारण है? मैं अपनी बेटी को इतना मंहगा खाना खिलाती हूँ फिर भी यह कमजोर है।

नीतू की माँ—ये कोई जरूरी नहीं बहन कि खाना मँहगा हो और अच्छे सेहत के लिए मंहगा भोजन ही खाया जाए, बल्कि भोजन ऐसा हो जिससे अधिक से अधिक पोषक तत्व शरीर को मिल सकें। हमेशा संतुलित आहार ही करना चाहिए। सुधा की माँ ने फिर पूछा



— ये संतुलित आहार क्या होता है ?

जवाब में नीतू की माँ ने कहा—संतुलित आहार वह आहार है जिसमें प्रोटीन, विटामिन, बसा, कार्बोहाईड्रेट, खनिज लवण एवं जल जैसे पोषक तत्वों की उचित मात्रा मौजूद हो। ऐसे भोजन से शारीरिक एवं मानसिक विकास होता है।

यह सुनकर सुधा की माँ बोली—तब तो यह संतुलित आहार काफी महँगा होगा। इतने सारे पोषक तत्वों के लिए तो भोजन पर बहुत ज्यादा खर्च लगेगा।

नीतू की माने मुस्कराते हुए बड़ी सरलता से जवाब दिया — नहीं नहीं बहन! साधारण भोजन जैसे रोटी, चावल, दाल एवं सब्जी और फल जैसे केला, सेब आदि के सेवन से भी संतुलित आहार ली जा सकती है। दूध, अण्डा, माँस, मछली, सोयाबीन, दाल आदि से प्रोटीन मिलता है। दाल खूब पीना चाहिए और यह महँगा भी नहीं होता। सुधा को आप सोने से पहले दूध जरूर दिया करें—इसमें बसा, प्रोटीन, विटामिन और कई प्रकार के खनिज लवण पाये जाते हैं। सब्जी में पालक का साग खाने पर हमें लौह मिल जाएगा जो एक महत्वपूर्ण खनिज लवण है। केला में भी लौह होता है। और हाँ! हमेशा आयोडिन वाली नमक का ही प्रयोग करना चाहिए। आयोडिन भी एक उपयोगी खनिज पदार्थ है। हरी सब्जी, विटामिन एवं खनिजलवण के लिए काफी जरूरी होता है। अतः यह सोचना गलत होगा कि अच्छा भोजन यानि संतुलित भोजन महँगा होता है।

बहन सुधा। तुम्हें तो पता ही होगा कि शहर में नाना प्रकार के फैशनवाले फास्टफूड मिलते हैं ये महँगे तो जरूर होते हैं, पर स्वास्थ्य के लिए उचित नहीं होते। अतः साधारण भोजन ही उत्तम भोजन होता है।

सारी बात जानकर सुधा की माँ ने कहा — धन्यवाद बहन! आज जो सीख तुमने दी है वह सचमुच अनमोल है। मैं आज से ही तुम्हारे बताये हुए हर बात का पालन करूँगी। सुधा की माँ खान-पान में परिवर्तन लाने की पूरी कोशिश करने लगी। अब वह सुधा को एवं परिवार के सभी सदस्यों को समय पर संतुलित आहार दिया करती थी। सुधा धीरे-धीरे स्वस्थ होने लगी और साथ-साथ समस्त परिवार सेहतमंद रहने लगा।

अभ्यास:—

नीचे लिखे प्रश्नों के साथ चार विकल्प दिए गए हैं, आपको जो सही लगे, उसके सामने सही का चिन्ह लागायें—

1— नीतू और सुधा में सेहतमन्द कौन थी ?

(क) सुधा

()

(ख) नीतू

()

- (ग) दोनों () (घ) कोई भी नहीं ()
- 2- सुधा की माँ क्यों चिन्तित रहती थी ? () (ख) सुधा कमजोर थी ()
- (क) सुधा बीमार थी () (घ) इनमें से कोई नहीं ()
- 3-परीक्षा में नीतू हमेशा- () (ख) पास होती थी ()
- (क) फेल होती थी () (घ) द्वितीय आती थी ()
- (ग) प्रथम आती थी ()
- 4-सब्जियों और फलों में क्या पाया जाता है- () (ख) खनिज लवण और विटामिन ()
- (क) प्रोटीन () (घ) वसा ()
- (ग) लौह ()
- 5-संतुलित आहार- () (ख) बहुत सस्ता होता है ()
- (क) मंहगा होता है () (घ) इनमें से कोई नहीं ()
- (ग) साधारण भोजन में भी मिलता है ()
- 6-उत्तम भोजन कहते हैं- () (ख) सस्ते भोजन को ()
- (क) मंहगे भोजन को () (घ) संतुलित भोजन को ()
- (ग) मॉस मछली वाले भोजन को ()
- 7-दाल में मिलता है - () (ख) प्रोटीन ()
- (क) वसा () (घ) कुछ भी नहीं ()
- (ग) विटामिन ()
- 8-अमरुद खाने पर मिलता है - () (ख) विटामिन ()
- (क) वसा () (घ) खनिजलवण ()
- (ग) कार्बोहाइड्रेट ()
- 9-हमेशा नमक खाना चाहिए - () (ख) प्रोटीन युक्त ()
- (क) वसा युक्त () (घ) साधारण ()
- (ग) आयोडिन युक्त ()
- 10-दूध में नहीं पाया जाता - () (ख) प्रोटीन ()
- (क) वसा () (घ) कार्बोहाइड्रेट ()
- (ग) विटामिन ()
- 11-संतुलित आहार बन जाता है- ()
- (क) चावल दाल और फल मिलकर ()
- (ख) साधारण भोजन रोटी, चावल, सब्जी, फल और दूध मिलकर ()
- (ग) सिर्फ चावल/रोटी और सब्जी मिलकर ()
- (घ) रोटी, मक्खन और मिठाई मिलकर ()

9—लापरवाही

प्रस्तुत कहानी को पढ़कर नव साक्षर महिलाओं को स्वास्थ्य के प्रति निम्नलिखित बातों की जानकारी हो सकेगी —

- 1— स्वास्थ्य को पाना एक निरंतर प्रक्रिया है । इसमें लापरवाही शरीर के लिए ठीक नहीं है ।
- 2— उपलब्ध साधनों का सही उपयोग संतुलित आहार की प्राप्ति में सहायक होता है ।
- 3— संतुलित आहार के लिए भोजन में किन-किन पोषक तत्वों का होना आवश्यक है ?
- 4— एक ही प्रकार के पोषक तत्व की अधिकता वाले भोजन को अच्छा या संतुलित आहार नहीं कहा जा सकता है ।
- 5— मनुष्य को अपनी कर्मठता में कमी लाने पर आर्थिक मानसिक, शारीरिक एवं सामाजिक कष्टों का सामना करना पड़ता है ।

लापरवाही

मोहन आजादपुर गाँव में एक खुशहाल व्यक्ति था। उसके पास बहुत खेत, जमीन और जायदाद थी। परिवार में किसी चीज की कमी नहीं रहती। खेत जोतने के लिए एक ट्रैक्टर भी था। शहर की मंडी में उसके अनाज के अच्छे भाव मिल जाते थे।

समय के साथ-साथ मोहन का परिवार बढ़ता गया, किन्तु धीरे-धीरे वह आराम पसंद और आलसी होने लगा था। अब वह ठीक से खेती भी नहीं करता। नतीजा यह हुआ कि कम अनाज उपजने लगे और जो भी उपज होता, लम्बे परिवार में ही उसकी खपत हो जाती। अब वह अपना अनाज शहर में नहीं बेच पाता था। धीरे-धीरे वह गरीब होने लगा, यहाँ तक कि उसके सारे खेत बंजर हो चले। अंत में वह परिवार छोड़कर पूरे परिवार के साथ शहर चला आया। वह शहर में एक कपड़ा व्यवसायी के यहाँ काम करने लगा। मोहन का बड़ा बेटा भी मेहनत करके कुछ पैसे जरूर कमा लेता था।



अचानक एक दिन मोहन की पत्नी बीमार पड़ गयी। जब उसने अपनी पत्नी को डॉक्टर को दिखाया तब यह पता चला कि शरीर में रक्त की बहुत कमी है और खान-पान की लापरवाही से इनका स्वास्थ्य बिल्कुल गिर चुका है।

डॉक्टर साहब ने पूछा — क्या ये अच्छा आहार नहीं लेती हैं ?

मोहन ने बिलखते हुए कहा—

बाबू जी ! एक समय या जब हम लोग भी अच्छा खाते-पीते थे, अब इस बदहाली में क्या अच्छा खायें । अच्छा आहार तो काफी मँहगा होता है, हमें कहाँ से नसीब होगा ।

डॉक्टर साहब ने सांत्वना दिलाते हुए कहा—

तुम्हारे विचार में अच्छा खाना क्या है?

मोहन— माँस, मछली, घी, मक्खन आदि ।

डॉक्टर साहब — तुम्हारी यह सोच बिल्कुल गलत है ।

ये बात ठीक है कि माँस, मछली, घी, मक्खन अच्छे आहार का एक भाग है और इनसे एक-दो पोषक तत्व प्रचुर मात्रा में जरूर मिल जाते हैं जैसे — प्रोटीन और वसा । पर यह संतुलित आहार नहीं हो सकता है ।

अच्छे आहार का मतलब है— 'संतुलित भोजन' तुम्हें यह जानना जरूरी है कि खान-पान की आम चीजें मिलकर एक संतुलित आहार बन जाता है ।

उदाहरण के लिए — चावल , रोटी एवं दाल से कार्बोहाइड्रेट और प्रोटीन मिल जाता है। हरी सब्जी और फल का सेवन करने से विटामिन एवं खनिज की प्राप्ति होती है ।

डॉक्टर साहब ने फिर पूछा— अच्छा ये बताओ कि तुम लोग दूध पीते हो या नहीं?

मोहन— जी नहीं, डॉक्टर साहब! घर में दूध आता तो जरूर है पर छोटी बिटिया को छोड़कर, कोई भी नहीं पीता, सब चाय ज्यादा पीते हैं इसलिए दूध कम बचता है ।

डॉक्टर साहब—अगर तुम लोग चाय की आदत कम कर दो और परिवार के सभी सदस्य थोड़ा दूध पियो तब यह सभी की सेहत के लिए अच्छा होगा। ज्यादा चाय पीना स्वास्थ्य के लिए हानिकारक भी है। जो पैसे चाय में खर्च होते हैं, उसे बचाकर दूध मँगाया जा सकता है। तुम्हारी पत्नी को दूध पीना बहुत जरूरी है, क्योंकि दूध में बहुत सारे पोषक तत्व होते हैं । जैसे—प्रोटीन, विटामिन, खनिज लवण, जल आदि ।

मोहन को डॉक्टर साहब की बातें बहुत अच्छी लगी। उसको अच्छे आहार का सही मतलब भी समझ में आ गया। पैसे की सही उपयोगिता जानकर मनुष्य अपने रहन-सहन को और भी सुन्दर बना सकता है। यह बात मोहन ढंग से जान गया और डॉक्टर साहब

की बतायी हुई बातों का अनुसरण करने लगा। खान-पान में सुधार लाने से कुछ ही दिनों में उसकी पत्नी ठीक हो गई और सारा परिवार स्वास्थ्य के प्रति जागरुक हो गया।

कठिन शब्दों के अर्थ:

सांत्वना – दिलासा , ढाढस	पोषक – देखभाल या पालन करने वाला
प्रचुर – ज्यादा, अधिक	संतुलित– नपा-तुला
उपयोगिता– काम में आने की योग्यता, लाभकारिता	
अनुसरण – किसी के अनुसार काम करना, अनुकरण या नकल करना	

अभ्यास :-

निम्नलिखित प्रश्नों के साथ चार विकल्प दिए गए हैं, आपको जो सही लगे, उसके आगे सही का चिन्ह लगावें –

1-मोहन की पत्नी को लापरवाही के कारण कमी हो गयी थी –

(क) माँस की	()	(ख) खून की	()
(ग) आँखों के रोशनी की	()	(घ) इनमें से कोई नहीं	()

2- माँस मछली खाने पर कौन सा पोषक तत्व मिलता है ?

(क) केवल वसा की	()	(ख) केवल प्रोटीन की	()
(ग) प्रोटीन और वसा की	()	(घ) लौह की	()

3-चावल-रोटी में कौन सा पोषक तत्व मिलता है?

(क) कार्बोहाइड्रेट	()	(ख) वसा	()
(ग) लौह	()	(घ) प्रोटीन	()

4- मोहन का परिवार अधिक पीता था –

(क) दूध	()	(ख) चाय	()
(ग) जूस	()	(घ) पानी	()

5-अधिक नहीं पीना चाहिए–

(क) जूस	()	(ख) दूध	()
(ग) चाय	()	(घ) पानी	()

6-मक्खन में होता है –

(क) वसा	()	(ख) लौह	()
(ग) कैल्शियम	()	(घ) कार्बोहाइड्रेट	()

7- जब परिवार बड़ा होता है -

(क) तब प्रति व्यक्ति खर्च बढ़ जाता है() (ख) प्रति व्यक्ति खर्च घट जाता है()

(ग) खर्च वही रहता है () (घ) इनमें से कोई नहीं ()

8-संतुलित भोजन में मिलता है-

(क) कुछ पोषक तत्व () (ख) दो पोषक तत्व ()

(ग) सभी पोषक तत्व () (घ) कुछ नहीं ()

9-शरीर की सुन्दरता के लिए सबसे ज्यादा जरूरी है-

(क) चाँदी के गहने () (ख) सोने के गहने ()

(ग) अच्छे कपड़े () (घ) अच्छा स्वास्थ्य ()

10- अगर आपकी आमदनी अच्छी हो तब-

(क) खूब जेवर खरीदना चाहिए() (ग) जमीन खरीद लें ()

(ख)सबसे पहले स्वास्थ्य और शिक्षा पर खर्च करे() (घ) पैसे बाँट दें ()

11-हम बीमारी से दूर रहेंगे अगर हम-

(क) असंतुलित आहार सफाई के साथ लेंगे ()

(ख) मॉसाहारी भोजन सफाई के साथ करेंगे ()

(ग) संतुलित आहार सफाई के साथ लेंगे ()

(घ) शाकाहारी भोजन सफाई के साथ करेंगे ()

12- अगर हम आलसी न हों, हम शिक्षित हो जाएं, खान-पान अच्छा रखने के लिए मुख्य बातों पर ध्यान दे, तब हम-

(क) साधारण खर्च से भी संतुलित आहार पा सकते हैं ()

(ख) साधारण खर्च से असंतुलित आहार ही पा सकते हैं ()

(ग) बहुत खर्च करके संतुलित आहार पा सकते हैं ()

(घ) इनमें से कोई नहीं ()

10—आयशा बड़ी हो गई

प्रस्तुत कहानी पढ़कर नपसाक्षर महिलाएँ स्वास्थ्य के प्रति निम्नलिखित ज्ञानप्रद एवं लाभप्रद बातें समझ सकेंगी —

- 1— भोजन को मात्र तैयार करने एवं भोजन को ठीक से तैयार करने में अन्तर होता है।
- 2— यदि ठीक ढंग से भोजन नहीं बनाया जाए तो यह स्वास्थ्य के प्रतिकूल होता है।
- 3— छोटी-छोटी सावधानियों को बरते बिना भोजन तैयार करना और उन्हें ग्रहण करना शरीर को बड़ा कष्ट पहुँचा सकता है।
- 4— भोजन तैयार करते समय सम्पूर्ण सावधानियों को ध्यान में रखना उत्तम और पौष्टिक भोजन के लिए अति आवश्यक है।
- 5— महिलाओं को बालिकावस्था से ही भोजन बनाने के सभी नियमों को सीखना चाहिए क्योंकि भोजन बनाने की प्रवृत्ति एक नारी सुलभ गुण है।
- 6— भोजन तैयार करने की आधुनिक विधि अपनाना अत्यन्त लाभकारी होता है।

आयशा बड़ी हो गई

मुँह में पान चबाती हुयी अपनी लड़खड़ाती आवाज में जुम्नन खाला ने हिदायत देते हुए अपने बेटे सुहैल से कहा—अरे बेटा! लड़कियाँ तो बाग की माली की तरह होती है। वह चाहे तो घर फूले—फले और ना चाहे तो घर भी जहन्नुम बन जाए। तुमने तो मेरी पोती आयशा को दुलार में बिगाड़ डाला है। बड़ी होती जा रही है, एक काम करना नहीं जानती, आखिर इसे ससुराल भी जाना है। खुदा जाने वहा क्या होगा ?

माँ की बात को टालते हुए सोहैल ने हँसकर कहा—आप फिक्र करें अम्मी जान ! मैं अपनी बेटी की शादी ऐसी जगह करूँगा जहाँ पानी पिलाने के लिए भी नौकर—चाकर होंगे।

एक ही तो बेटी है मेरी—इसे कोई काम नहीं करना है। सेहत खरब हो जाएगी।

दिन गुजरते देर नहीं लगती। आयशा अब सयानी हो चली थी लेकिन दुलार—प्यार ने उसे बिल्कुल निकम्मा बना दिया था। खाना कैसे पकाया जाता है, उसे मालूम न था। कुछ ही दिनों बाद आयशा की शादी कस्बे से थोड़ी दूर असलम साहब के बड़े लड़के जफर से हो गई। जफर की माँ की तबियत कुछ ठीक नहीं रहती, इसलिए असलम साहब एक घरेलू लड़की को अपनी बहू बनाना चाहते थे लेकिन अनजाने में उन्हें एक ऐसी बहू मिली जिसने रसोईघर का ठीक से दरवाजा तक नहीं देखा था। आयशा को जबरन ही सही पर सब कुछ करने के लिए आगे आना पड़ा। उसने खाना पकाना शुरू किया। कभी सब्जी जल जाती तो कभी चावल गीले हो जाते। सब्जी ठीक से धुली न होने के कारण भोजन करते समय लोगों के मुँह में कभी तिनके तो कभी बालू—मिट्टी चले आते। माँस वह जब भी पकाती, या तो बिल्कुल ही जल जाता या फिर कच्चा रह जाता था। एक दो महीने से घर में किसी का भी स्वास्थ्य ठीक नहीं रहता। इस बात पर नाराज होकर असलम साहब एक दिन आयशा पर बरस पड़े—

लानत है तुम्हारे लड़की होने पर जो तुम्हें खाना भी ठीक से बनाना नहीं आता। यही वजह है कि घर में किसी की सेहत ठीक नहीं रहती है। पता नहीं, तुम्हारी माँ ने क्या सिखाया है तुम्हें । अपनी माँ की बेइज्जती पर आयशा की आँखें भर आयीं। फिर उसने इजाजत ली और कुछ दिनों के लिए अपने मायके आ गयी और अपनी माँ से सब कुछ सिखाने के लिए कहा। पड़ोस में एक चाची रहती थी जिन्होंने गृह विज्ञान में डिग्री भी ले रखी थी । प्रति दिन आयशा को बुलाकर खाना पकाने के अच्छे—अच्छे तरीके

समझाती और फिर उससे पकाने के लिए भी कहती थीं। आयशा को समझाते हुए पड़ोसन चाची ने कहा—

बेटी ! खाना ठीक ढंग से पका हुआ खाने पर सेहत अच्छी होती है, वरना अच्छा और मँहगा खाने की चीजे भी बरबाद हो जाती है सबसे पहले यह ध्यान रहे कि जिस जगह पर खाना पकाना है, वह साफ है या नहीं। हमेशा साफ बर्तनों में ही खाना पकाना चाहिए। खाना इस तरह से पकाया जाये कि खाद्य पदार्थ में मौजूद पोषक तत्व बाहर न निकल जाए। चावल को एक दो बार से अधिक रगड़कर धोने से इनसे कार्बोहाइड्रेट बाहर निकल जाता है जो एक उपयोगी पोषक तत्व है। इसलिए ऐसा नहीं करना चाहिए। और हाँ! बिना चमक वाला चावल का ही इस्तेमाल करना फायदेमंद होता है। रोटी पकाने के लिए आटा चोकर वाला ही उपयोग करना चाहिए। अच्छा ये बताओ, कि सब्जी काटते समय कौन-कौन सी सावधानियाँ बरतनी चाहिए?



आयशा—चाची ये कौन सी बड़ी बात है। सब्जी उठायी और उन्हें काट डाला। हाँ! छिलके मोटे उटारना चाहिए जिससे सब्जी बिल्कुल साफ लगे।

चाची— नहीं नहीं बेटा! ऐसी भूल मत करना। पहले इनहे ठीक ढंग से धो लेना चाहिए और फिर इनके पतले छिलके उतारो ताकि विटामिन और खनिज छिलके समेत बाहर न आ जाए। काटने के लिए हमेशा स्टेनलेस स्टील के चाकू का इस्तेमाल करना चाहिए जिसमें किसी तरह का कोई जंग न लगा हो। कुछ सब्जियों के पत्तों का भी इस्तेमाल करना लाभदायक है जैसे मूली, फूलगोभी इत्यादि। इनमें भी पोषक तत्व होते हैं। मेरी बातों को तुम ठीक से समझ रही हो न ? आयशा—जी चाची।

चाची— ये बताओ खाना पकाने के लिए पानी कम इस्तेमाल करना चाहिए।

आयशा— खूब सारे पानी का इस्तेमाल करना चाहिए ।

चाची— नहीं! खाना पकाने के लिए जितना पानी जरूरी है ,उतना ही लो , न ज्यादा न कम। सब्जी या किसी दूसरे खाद्य पदार्थों को तभी तक पकाना चाहिए जब तक वह पूरा-पूरा गल न जाए। सबसे मुख्य बात तो यह है कि भोजन बनाते समय पूरा ध्यान खाना पकाने पर लगाना चाहिए , इससे खाना ठीक से तैयार होगा और जलने से भी बच जायगा। क्या तुम प्रेशर-कूकर में भोजन तैयार करने के फायदे जानती हो?

आयशा — हाँ चाची! भोजन जल्दी पकता है

चाची— ठीक कहा तुमने बेटा । पर केवल एक ही नहीं बल्कि अनेक फायदे हैं । इससे समय और इन्धन दोनों की बचत होती है । खाना भी पौष्टिक तैयार होता है हाँ एक बात का ध्यान रहे — जब भी तुम गोشت बनाओ घीमी लौ रखा करो, क्योंकि तेज लौ माँस को सिकोड़ देती है । अच्छा ये बताओ कि क्या तुमने बाजार में अलग-अलग पकवान के लिए अलग-अलग बरतनों को जिन्हें नवीन तकनीक से बनाया गया है, कभी देखा है ?

आयशा— जी नहीं चाची, इससे क्या लाभ है ?

चाची— समय की बचत और भोजन स्वादिष्ट एवं पौष्टिक तैयार होता है। अपनी कोशिश और लगन से चंद दिनों में ही आयशा एक समझदार धरेलू लडकी बन गयी। अब वह खाना अच्छा पकाती थी ।

सुहैल को अपनी अम्मी जान की बातें याद आ गईं और वह कहने लगा —

अम्मी जान ठीक ही कहा करती थी कि लडकियों तो बाग की माली होती हैं। जब आयशा वापस ससुराल पहुँची और घर वालों को अपना बनाया हुआ खाना खिलाया तब सब हैरत में पड़ गए। आयशा की मेहनत रंग लायी और फिर वह सभी की चहेती बन गई ।

कठिन शब्दों के अर्थ :

हिदायत – बड़े का छोटे को कोई सीख देना
लानत– धिक्कार, भर्त्सना
नवीन– नया

जहन्नुम – नरक
पौष्टिक – पाचन योग्य
तकनीक– वैज्ञानिक तरीके से

अभ्यास–

नीचे प्रश्नों के साथ चार विकल्प दिए हुए हैं : आपको जा सही लगे उसके आगे सही का चिन्ह लगावें –

1–सब्जी काटने से पहले–

(क) धूलना जरूरी नहीं () (ख) धूलना जरूरी है ()
(ग) कभी–कभी धूलना चाहिए () (घ) इनमें से कोई नहीं ()

2–सब्जी के –

(क) पतले छिलके उतारना चाहिए () (ख) मोटे छिलके उतारना चाहिए ()
(ग) छिलका नहीं उतारना चाहिए () (घ) इनमें से कोई नहीं ()

3–काटने के लिए छूरी होना चाहिए –

(क) लोहे का () (ख) स्टेनलेस स्टील का ()
(ग) ताँबे का () (घ) छूरी से नहीं काटना चाहिए ()

4–ससुराल में आयशा क्यों फटकारी गयी?

(क) दहेज नहीं लाई थी () (ख) सुन्दर नहीं थीं ()
(ग) बहुत बोलती थी () (घ) खाना बनाने नहीं आता था ()

5–खाना प्रेशर कूकर में बनाने से क्या फायदा है ?

(क) भोजन पूरी तरह पकता है ()
(ख) भोजन पूरी तरह पकजाता है, समय और ईंधन की बचत होती है ()
(ग) सिर्फ भोजन पक जाता है () (घ) सिर्फ ईंधन बचता है ()

6–माँस बनाते समय –

(क) लौ तेज रखना चाहिए () (ख) लौ धीमी रखना चाहिए ()
(ग) सिर्फ भोजन पक जाता है () (घ) इनमें से कोई नहीं ()

7– चावल खाना चाहिए–

(क) चमकवाली () (ख) टूटी हुई ()
(ग) बिना चमक वाली () (घ) मंहगीं ()

8-सब्जी के मोटे छिलके उतारने पर –

(क) विटामिन और खनिजलवण ()

(ख) विटामिन और खनिजलवण निकल जाता है ()

(ग) सब्जी घट जाता है () (घ) कोई फर्क नहीं पड़ता ()

9-रोटी बनाने के लिए आँटा –

(क) चोकर वाली ही इस्तमाल करें () (ख) बिना चोकर वाला इस्तेमाल करे ()

(ग) कोई भी आटा इस्तमाल करें () (घ) इनमें से कोई नहीं ()

10- आयशा जब मायके आयी तब उसे किसने सिखाया-

(क) माँ ने () (ख) दादी ने ()

(ग) बहन ने () (घ) पड़ोस की चाची ने ()

11-भोजन पकाते समय नहीं जले और खराब न हो इसके लिए –

(क) किसी भी मात्रा में किसी भी समय पानी का प्रयोग करें ()

(ख) पानी एक निश्चित समय पर, निश्चित मात्रा में ही डालें ()

(ग) निश्चित समय पर जितना मन करे उतना पानी डालें ()

(घ) यदि पानी की जरूरत हो तभी उसे निश्चित मात्रा में निश्चित समय पर डालें ()

11-जीवनस्तर

प्रस्तुत कहानी को पढ़कर, नवसाक्षर महिलाओं को निम्न बातों का ज्ञान होगा-

- 1- अच्छे जीवन स्तर की प्राप्ति के लिए अच्छे स्वास्थ्य का होना अत्यन्त महत्वपूर्ण है ।
- 2- स्वच्छता और स्वास्थ्य एक दूसरे के पूरक है ।
- 3- साफ-सफाई रखकर कई प्रकार की बीमारियों से बचा जा सकता है ।
- 4- खान-पान की स्वच्छता, शारीरिक स्वच्छता और रहन-सहन के जगह की स्वच्छता मानव स्वास्थ्य के महत्वपूर्ण तथ्य है ।
- 5- भोजन बनाने के वैज्ञानिक तरीकों को अपनाना आर्थिक और शारीरिक सुदृढ़ता में सहायक होता है ।
- 6- संतुलित भोजन करना अच्छे स्वास्थ्य के लिए जरूरी है ।

जीवन स्तर

एक बार सरकार द्वारा एक जिला की उन्नति का सर्वेक्षण किया जा रहा था। इस सर्वेक्षण में जिला के विकास एवं जनता के जीवनस्तर का ब्योरा दिया जाना था ताकि सरकार द्वारा शहर एवं गाँव क्षेत्र की तरक्की के लिए उपयुक्त कदम उठाया जा सके।

सर्वेक्षण के दौरान यह देखा गया कि गाँव और शहर के लोगों की आय में ज्यादा अंतर नहीं है, फिर भी गाँव में बीमारी तथा मृत्युदर अधिक है। अधिकारियों के दल ने जब गाँवों का दौरा किया तब वहाँ यह पाया कि शिक्षा की बहुत कमी है। उपजाऊ जमीन होने की वजह से लोग अन्न धन से सम्पन्न तो हैं, पर उनके विचार अभी भी पुराने और दकियानूसी हैं। सरकार की ओर से गाँव-गाँव तक खाना पकानेवाले गैस पहुँचाने की व्यवस्था है, फिर भी ज्यादातर घरों में भोजन लकड़ी जलाकर बनाया जाता है, जिनसे निकलनेवाला धुआँ आँखों पर बुरा असर डालते हैं। खान-पान की बर्तनों को मिट्टी या राख से साफ की जाती है जिनसे बर्तन पूरी तरह साफ भी नहीं हो पाते हैं। मिट्टी गंदी हुई तो बर्तनों के द्वारा बीमारी भी लग सकती है।



गाँव के लोगों का यह सोचना है कि प्रेशर कूकर में भोजन तैयार करने पर भोजन स्वादिष्ट नहीं पक पाएगा। अधिकतर लोगों में साफ सफाई का ध्यान नहीं है। लोग संतुलित आहार नहीं लेते हैं एवं एक ही बार अधिक भोजन करने में विश्वास रखते हैं। जबकि भोजन सही समय के अंतर पर भूख के अनुसार करना अच्छे स्वास्थ्य के लिए जरूरी है। गाँव में लोगों की यह धारणा है कि जितना शुद्ध घी खायेंगे उतना ही सेहतमंद होंगे। उन्हें यह नहीं मालूम कि संतुलित भोजन के आवश्यकता अवयव में किसी भी एक अवयव की अधिकता सेहत के लिए नुकसान देह होती है।

गाँव की नुक्कड़ पर एक मिठाई की दुकान है जहाँ लोग खुली हुई मिठाइयाँ, जिनमें मक्खी लग रही है, बड़े पसंद से खा रहे हैं।

पूरे गाँव का निरीक्षण करने के बाद सरकार इस नतीजे पर पहुँची कि गाँव में लोगों को शिक्षित करना आवश्यक है। शिक्षा के साथ-साथ समय समय पर स्वास्थ्य मेले का आयोजन कर लोगों को स्वास्थ्य के प्रति जागरूक करना जरूरी है। सरकार ने प्रत्येक दो महीने पर गाँव के पंचायत भवन में स्वास्थ्य सभा का आयोजन प्रारम्भ किया जिसमें स्वास्थ्य के अनेक पहलुओं पर लोगों की धारणाओं और विचारों जानकर उनकी कमियों को दूर करने की कोशिश की गई जिससे स्वास्थ्य के प्रति जागरूक रहने की प्रेरणा प्रबल हुई।

इस प्रकार गाँव की चहुँमुखी विकास का आरम्भ हुआ, क्योंकि जहाँ स्वास्थ्य है वहीं अच्छे और विकासपूर्ण विचार उत्पन्न होते हैं और प्रोन्नति को मार्ग मिलता है।

कठिन शब्दों के अर्थ :

उन्नति— तरक्की	दकियानूसी — पुराने विचार जिसमें कम सोच झलकती हो
अवयव — भाग	निरीक्षण — जाँच — पड़ताल
संकीर्णता— छोटा सोच रखना	प्रबल — मजबूत

चहुँमुखी – सभी ओर जीवन स्तर – जीवन जीने का उच्च, निम्न या मध्य स्तर
सर्वेक्षण – किसी वस्तु, विषय अथवा घटना के बारे में पूरी जानकारी इकट्ठा करना,

अभ्यास—

निम्न प्रश्नों के साथ चार विकल्प दिए गए हैं , आपको जा सही लगे उसके सामने सही का चिन्ह लगावें –

1— जिले की उन्नति का सर्वेक्षण किसने किया ?

- | | | | |
|---------------------|-----|-----------------------|-----|
| (क) सरकार द्वारा | () | (ख) पंचायत द्वारा | () |
| (ग) नगर निगम द्वारा | () | (घ) इनमें से कोई नहीं | () |

2— गाँव के लोग भोजन बनाते थे –

- | | | | |
|-------------------|-----|-----------------|-----|
| (क) गैस चूल्हे पर | () | (ख) कोयले पर | () |
| (ग) लकड़ी पर | () | (घ) गौबर गैस पर | () |

3— बर्तनों को राख या मिट्टी से साफ करने पर—

- | | | | |
|---|-----|-------------------|-----|
| (क) चमक जाता है | () | (ख) नहीं चमकता है | () |
| (ग) चमक खत्म होता है, ठीक से साफ भी नहीं होता | () | | |
| (घ) इनमें से कोई नहीं | () | | |

4—भोजन करना चाहिए—

- | | | | |
|--------------------------|-----|--------------------|-----|
| (क) समय पर बहुत ज्यादा | () | (ख) समय पर बहुत कम | () |
| (ग) समय पर भूख के अनुसार | () | (घ) किसी भी समय | () |

5—गाँव में अनाज अधिक क्यों था ?

- | | | | |
|------------------------|-----|-----------------------|-----|
| (क) भूमि उपजाऊ नहीं थी | () | (ख) भूमि उपजाऊ था | () |
| (ग) भूमि कम उपजाऊ था | () | (घ) इनमें से कोई नहीं | () |

6—गाँव के लोगों का मृत्यु दर शहर की तुलना में –

- | | | | |
|----------------|-----|--------------|-----|
| (क) कम था | () | (ख) बराबर था | () |
| (ग) बहुत कम था | () | (घ) अधिक था | () |

7-आँखों के लिए धूआँ –

- | | | | |
|----------------------|-----|-------------------------|-----|
| (क) बहुत उपयोगी है | () | (ख) कम उपयोगी है | () |
| (ग) बहुत हानिकारक है | () | (घ) कोई फर्क नहीं पड़ता | () |

8-भोजन संतुलित करना नहीं चाहिए, यह कथन—

- | | | | |
|---------------------|-----|----------------------|-----|
| (क) सत्य है | () | (ख) असत्य है | () |
| (ग) कभी कभी सत्य है | () | (घ) कभी-कभी असत्य है | () |

9-दुकान की खुली हुई नही खानी चाहिए –

- | | | | |
|----------------|-----|-----------------|-----|
| (क) मिठाई | () | (ख) केवल चाट | () |
| (ग) केवल जलेबी | () | (घ) कुछ भी नहीं | () |

10- सरकार ने गाँव की तरक्की के लिए क्या योजना बनायी ?

- | | | | |
|--------------------------|-----|------------------------|-----|
| (क) मुफ्त अनाज देने की | () | (ख) मुफ्त दवा देने की | () |
| (ग) मुफ्त शिक्षा देने की | () | (घ) मुफ्त फल बाँटने की | () |

11-प्रेसर कूकर में भोजन बनाने पर क्या फायदा होता है ?

- | | | | |
|--------------------------|-----|-----------------------|-----|
| (क) केवल समय बचता है | () | (ख) केवल इंधन बचता है | () |
| (ग) केवल भोजन पक जाता है | () | (घ) इनमें से सभी | () |

12- गाँव और शहर के लोगों में कोई अन्तर नहीं, अन्तर यदि है, तो केवल—

- | | | | |
|---------------------------|-----|-----------------------|-----|
| (क) भवनों का | () | (ख) दुकानों का | () |
| (ग) शिक्षा और सुविधाओं का | () | (घ) इनमें से कोई नहीं | () |

12—सेवा ही धर्म

प्रस्तुत कहानी पढ़कर नवसाक्षर महिलाओं को निम्न बातों की जानकारी मिलेगी :—

- 1— मानव शरीर एक मशीन की तरह काम करता है और इसमें किसी भी प्रकार की बाधा शारीरिक कष्ट का द्योतक है।
- 2— शरीर के स्वास्थ्य को बनाये रखने में किसी भी प्रकार की लापरवाही अथवा कमी नहीं करना चाहिए ।
- 3— भोजन हमेशा ऐसा करना चाहिए जो पूरी तर सुपाच्य हो।
- 4— शारीरिक स्वच्छता अच्छे सेहत के लिए अति आवश्यक है ।
- 5— आँख, कान, नाक और दातों का विशेष ध्यान रखना जरूरी है, क्योंकि किसी भी प्रकार का संक्रमण अन्य अंगों की तुलना में इन्हें पहले लगता है।

सेवा ही धर्म

रात के बारह बज रहे थे, फिर भी सैदपूर गाँव के दो तीन घरों में लोग जाग रहे थे। मुखिया रामदास कोलाहल सुनकर घर से बाहर निकले ही थे कि रामधनी, सोहनलाल और बिरजू अपनी-अपनी समस्या लेकर पहुँचे।



रामधनी ने कहा — मेरी घरवाली के दाँत में इतना दर्द है कि वह कराह रही है। पास में कोई दवा भी नहीं है।

सोहन लाल, तुम्हे क्या परेशानी है ?— मुखिया जी ने कहा।

सोहनलाल—क्या बतायें मुखिया जी! मेरा छोटा बेटा पेट दर्द से कराह रहा है। बिरजू तो स्वयं कान की दर्द से छटपटा रहा था। मुखिया जी ने सभी को दिलासा देते हुए कहा —

किसी तरह रात काट लो, सुबह पंचायत भवन के पास वाले डॉक्टर से दवा ले लेना।

यह सुनकर तीनों ने मुखिया जी से गुहार करते हुए कहा —

मुखिया जी दर्द इतना है कि सहन करना मुश्किल है। आप कृपया हमारी इस समय मदद करें।

रामदास जी एक भले इन्सान थे, उन्होंने अपना ट्रैक्टर निकाला और सारे मरीजों को लेकर शहर पहुँचे। शहर में डॉक्टर व्यास मुखिया जी के परिचित थे। मुखिया जी वही पहुँचे। रात के दो बज रहे थे। आवाज लगाने पर डॉक्टर साहब ने मुखिया जी की आवाज पहचान ली और फिर उठकर बड़ी चिन्ता में बाहर निकले और कहा—

मुखिया जी क्या बात है ? जो इस रात में आना पड़ा।

मुखिया जी ने नमस्ते करते हुए कहा —

मुखिया हूँ न ! सेवा ही धर्म है ! इन तीनों मरीजों का इलाज कर दिया जाए। डाक्टर साहब ने तीनों मरीजों की समस्या से अवगत हुए और बीमारी के अनुसार सभी को दवा दिया। घंटे भर के अंदर सभी लोगों को आलम मिल गया। फिर समझाते हुए डॉक्टर साहब ने मरीजों से कहा कि अगर आप लोग अपने शरीर के साथ लापरवाही न करें और खान-पान में सावधानी रखें तब आप लोगों को ये बीमारियाँ नहीं होगी। आप सब स्वस्थ रहेंगे। रामधनी के घरवाली की दाँत में दर्द इसलिए है कि यह अपने दाँतों की ठीक से सफाई नहीं करती। खाद्य पदार्थों के मसूढ़ों में फँस जाने के कारण इनमें कीटाणुओं का जन्म हो जाता है जिससे मसूड़े सड़ने लगते हैं और फिर दर्द होता है। इसलिए दाँतों की ढंग से सफाई जरूरी है। सोहन लाल के बेटे को पेट में दर्द हाने का कारण यह है कि इसने कल तीन-चार मकई खाये हैं जो ठीक से पके हुए नहीं थे। फिर बिरजू की ओर इशारा कर उन्होंने कहा कि कानों के भीतर की गंदगी को लकड़ी से

साफ करने में इसके कान के भीतरी परदे में चोट लग गई है । स्नान करते समय पानी कान के भीतर चला जाता है। उसे कपड़े या रुई से पोछना जरूरी होता है । कान कभी लकड़ी या कठोर कपड़े से साफ नहीं करना चाहिए। बिरजू से पूछे जाने पर उसने बताया कि कल दिन में उसने अपना कान माचिस की तीली से साफ करने की कोशिश की थी। सुबह जाते समय डॉक्टर साहब ने सभी लोगों से यह कहा कि आँख, कान, दाँत और शरीर के लगभग सभी अंगों की सही देखभाल जरूरी होती है। इनकी हिफाजत करे और स्वस्थ रहें।

कठिन शब्दों के अर्थ –

कोलाहल—हल्ला, शोर

हिफाजत —रक्षा

अवगत — जानकारी पाना।

गुहार —अनुरोध, मदद के लिए पुकार

दिलासा — सांत्वना

अभ्यास—

निम्न प्रश्नों के साथ चार विकल्प दिए गये हैं जो सही लगे, उसके सामने सही का चिन्ह लगावें –

1— दाँत ढंग से साफ करना जरूरी है –

(क) केवल सुन्दर दिखने के लिए () (ख) केवल मजबूती के लिए ()

(ग) केवल कीटाणुओं से बचने के लिए () (घ) इनमें से सभी ()

2—शरीर के साथ लापरवाही करने से –

(क) आप अस्वस्थ रहती हैं () (ख) आप स्वस्थ रहती हैं ()

(ग) आप सुन्दर नहीं दिखती () (घ) 'क' और 'ग' दोनों ()

3— खाना पूरा पका हुआ खाने से –

(क) पचता नहीं () (ख) पच जाता है ()

(ग) स्वाद देता है () (घ) इनमें से कोई नहीं ()

4- कान की सफाई के लिए -

- | | | | |
|------------------------------|-----|-----------------------|-----|
| (क) लकड़ी से साफ करें | () | (ख) लोहे से साफ करें | () |
| (ग) कपड़े या रुई से साफ करें | () | (घ) इनमें से कोई नहीं | () |

5-सोहन लाल के बेटे को पेट में दर्द था, क्यों कि इसने-

- | | | | |
|-----------------|-----|-------------------|-----|
| (क) चना खाया था | () | (ख) भूजा खाया था | () |
| (ग) मकई खाया था | () | (घ) मिठाई खाया था | () |

6-दाँत ठीक से साफ नहीं करने पर-

- | | | | |
|----------------------------|-----|---------------------------|-----|
| (क) दाँत कमजोर हो जाते हैं | () | (ख) मसूड़े सड़ने लगते हैं | () |
| (ग) चमक खत्म होती है | () | (घ) इनमें से सभी | () |

7- मुखिया जी का क्या नाम था -

- | | | | |
|-----------------|-----|------------|-----|
| (क) श्याम लाल | () | (ख) रामलाल | () |
| (ग) गिरधारी लाल | () | (घ) रामदास | () |

8-दाँतों के लिए आवश्यक है-

- | | | | |
|--------------|-----|-----------------|-----|
| (क) प्रोटीन | () | (ख) वसा | () |
| (ग) कैल्शियम | () | (घ) कुछ भी नहीं | () |

9- सामान्य मनुष्य के मुँह में दाँतों की संख्या होती है -

- | | | | |
|--------|-----|--------|-----|
| (क) 30 | () | (ख) 34 | () |
| (ग) 50 | () | (घ) 32 | () |

10- आँखों की रोशनी बढ़ती है -

- | | | | |
|----------------------|-----|---------------------|-----|
| (क) टी0 वी0 देखने से | () | (ख) सिनेमा देखने से | () |
| (ग) हरियाली देखने से | () | (घ) केवल सोने से | () |

13— नुकसान

प्रस्तुत कहानी पढ़कर नवसाक्षर महिलाओं को निम्नलिखित जानकारी होंगी—

- 1— भोजन में अधिक वसा लेना अर्थात् ज्यादा घी-तेल खाना स्वास्थ्य के लिए ठीक नहीं होता है।
- 2— अधिक मसालेदान भोजन करना कई प्रकार की शारीरिक व्याधियों को जन्म देता है।
- 3— सही भोजन ही सबसे उत्तम भोजन होता है।
- 4— मनुष्य का उदर 'पेट' उसके अच्छे स्वास्थ्य के लिए जिम्मेदार होता है।
- 5— खान-पान में सावधानी बरतना शारीरिक स्वास्थ्य और उत्तम जीवनयापन के लिए अति आवश्यक है।

नुकसान

रामनाथ जी ग्रामीण बैंक में काम करते थे । उनके दो बच्चे थे — अमर और गीता । अमर आठवीं कक्षा का छात्र था, और गीता सातवीं कक्षा में पढ़ती थी । अमर और गीता एक ही साथ विद्यालय आते जाते थे । रास्ते में रुक-रुक कर अमर बाहर की खुली हुई खाने की चीजें खूब खाया करता था, पर गीता कभी नहीं खाती । विद्यालय परिसर के बाहर एक छोटा सा ठेला लगता, जिस पर समोसे रखकर बेचे जाते थे ।



प्रतिदिन अमर गीता से कहता — गीता ! आओ गर्म-गर्म समोसा खाते हैं । बहुत स्वादिष्ट लगता है !

गीता— नहीं-नहीं भइया । पिता जी ने बाहर की खुली हुई और तैलीय चीजों को खाने से मना किया है । मुझे फल ज्यादा पसंद है । मैं घर जा कर फल खाऊँगी ।

अमर— तूझे नहीं खाना है, मत खा! मैं तो रोज खाऊँगा ही । मुझे समोसे, पकौड़ियाँ और छोले चाट बहुत पसंद है। अमर को मसालेदार और तला— भुना भोजन अच्छा लगता था। घर में वह अक्सर घी में छानी हुई पूरियाँ ही खाया करता, सादी रोटी से दूर रहता था । माँस—मछली वह घर में सभी से ज्यादा खाता था । एक दिन अमर की माँ ने कहा— बेटा अमर ! तू इतना घी तेल मत खाया कर ।

अमर— मुझे सादा और सूखा भोजन अच्छा नहीं लगता, माँ ।

माँ— तू पानी भी कम पीता है, खूब पानी पिया कर, वरना हाजमा बिगड़ जाएगा ।

अमर ने माँ की बात भी नहीं मानी और वही खाता पीता रहा जो उसे पसंद था। धीरे — धीरे उसका स्वास्थ्य गिरता चला गया। एक दिन विद्यालय से लौटते समय गीता ने अमर से पूछा— क्या बात है, भइया ! आजकल सुस्त रहते हो और समोसे, पकौड़ियाँ भी नहीं खाते ।

अमर— हाँ! आजकल भूख लगती ही नहीं!

गीता— तुम्हारी आँखें भी पीली हो रही हैं ।

अमर— अरे गीता आज सुबह मेरा मूत्र भी पीला ही था।

गीता— आज मैं माँ को बताऊँगी ।

अमर माँ— मुझसे कल ही तो पूछ रही थी आजकल तू चार की जगह एक दो रोटी ही क्यों खा रहा है? मैंने कुछ नहीं कहा। घर लौटकर, गीता ने माँ को सारी बात बतायी। अमर के पिता रामनाथ जी को जब पता चला, तब वे अगले ही दिन अमर को डॉक्टर साहब के यहाँ ले गए।

डॉक्टर साहब ने अमर को देखते ही अमरनाथ जी से कहा— बच्चा तो पीला पड़ गया है । कुछ जाँच लिख रहा हूँ, इसे तुरन्त करा लें । दो दिन बाद डॉक्टर साहब ने जाँच की रिपोर्ट देखकर कहा— अमर को पीलिया रोग हो गया है जिसे जौन्डिस भी कहते हैं। ये रोग होने पर मनुष्य का यकृत (लीवर) कमजोर पड़ जाता है। अमर को डॉक्टर साहब ने प्यार से देखा और कहने लगे—बेटा अमर! तुम जल्दी ही ठीक हो जाओगे, पर तुम्हें मेरी कुछ बातें माननी होंगी जैसे—

- 1— तुम्हें बिस्तर पर ज्यादा से ज्यादा आराम करना है ।
- 2— पानी छानकर, उबालकर एवं ठंडा हो जाने पर पीओ। पानी तुम्हें खूब पीना है।
- 3— सब्जी, बिना तेल—मसाला के ही उबालकर खानी है मूली जितना खा सको, खाओ।
- 4— घी—तेल तो छूना भी नहीं । फल खूब खाया करना ।

मैं कुछ दवाइयाँ लिख रहा हूँ, इन्हें समय से खाना। अमर के पिता जी ने डाक्टर साहब को धन्यवाद दिया और दवा लेकर घर आ गए। घर पर माँ ने अमर को हिदायत देते हुए कहा—

अमर बेटा! मैं तो अक्सर तुम्हें अधिक घी—तेल खाने से रोका करती थी। अब तो समझ में आया कि अधिक तेल, घी और मसाला खाने से क्या होता है।

अमर ने पछतावा भरे स्वर में कहा—माँ! मुझे गीता भी मना करती थी। अब तो मेरी परीक्षा भी शुरू होने वाली है। मेरी पढाई का बहुत नुकसान हो जाएगा।

सात्वना देते हुए माँ ने कहा—कोई बात नहीं बेटा! पहले स्वास्थ्य है फिर पढाई।

कठिन शब्दों के अर्थ :

परिसर — घेरा

हाजमा — पाचन शक्ति

तैलीय — अधिक तेल में बना हुआ

हिदायत — उपदेश

अभ्यास—

निम्न प्रश्नों के साथ चार विकल्प दिए गए हैं, आपको जो सही लगे उसके सामने सही का चिन्ह लगावें —

1—पिलिया रोग के लक्षण हैं —

(क) मूत्र पीले होते हैं () (ख) भूख नहीं लगती ()

(ग) कमजोरी होती है () (घ) इनमें से सभी ()

2—मसालेदार भोजन का शरीर के किस अंग पर बुरा प्रभाव पड़ता है।

(क) आँखों पर () (ख) दाँतों पर ()

(ग) लीवर पर () (घ) हृदय पर ()

3—अमर को पसंद होता था —

(क) सादी रोटी () (ख) सादा चावल ()

(ग) घी वाली रोटी () (घ) कुछ भी नहीं ()

4-पीलिया हो जाने पर ज्यादा से ज्यादा –

- | | | | |
|---------------------|-----|--------------------------|-----|
| (क) काम करना चाहिए | () | (ख) आराम करना चाहिए | () |
| (ग) पैदल चलना चाहिए | () | (घ) इनमें से कुछ भी नहीं | () |

5-क्या क्या खाने से पिलिया होने का खतरा रहता है –

- | | | | |
|-----------------|-----|----------------------------|-----|
| (क) दूध पीने से | () | (ख) ज्यादा तेल, घी खाने से | () |
| (ग) दही खाने से | () | (घ) सब्जी खाने से | () |

6-रामनाथ जी कौन थे ?

- | | | | |
|-----------------|-----|-----------------|-----|
| (क) अमर के भइया | () | (ख) अमर के पिता | () |
| (ग) अमर के चाचा | () | (घ) अमर के दादा | () |

7-पिलिया आपको नहीं होगा, अगर आप—

- | | |
|---|-----|
| (क) पानी कम पियेंगी और दूध अधिक पियेगी | () |
| (ख) पानी खूब पियेगी और दूध कम पियेंगी | () |
| (ग) पानी खूब पियेंगी और व्यायाम खूब करेंगी | () |
| (घ) पानी खूब पियेंगी और वसा युक्त भोजन कम खायेंगी | () |

8-पिलिया हो जाने पर—

- | | | | |
|--|-----|--------------------|-----|
| (क) दवा खूब खायें | () | (ख) पानी खूब पीयें | () |
| (ग) फल, हरी सब्जियाँ, ईख का रस और मूली गाजर का प्रयोग करें | () | | |
| (घ) केवल आराम करें | () | | |

9-अमर विधालय में –

- | | | | |
|---------------------|-----|---------------------|-----|
| (क) कुछ नहीं खता था | () | (ख) चाय पीता था | () |
| (ग) समोसा खाता था | () | (घ) कुछ नहीं खता था | () |

10- आप स्वस्थ हैं तभी सुन्दर है, यह कथन—

- | | | | |
|--------------------|-----|-----------------------|-----|
| (क) गलत है | () | (ख) सही है | () |
| (ग) कभी-कभी सही है | () | (घ) इनमें से कोई नहीं | () |

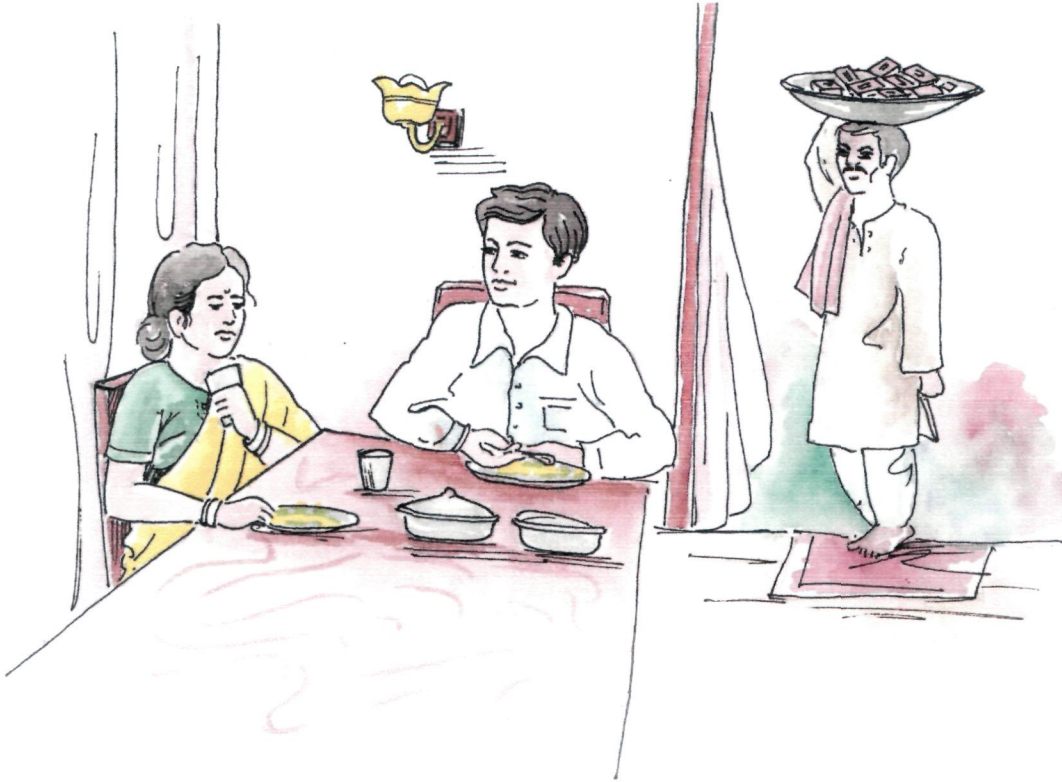
14— 'सीख'

प्रस्तुत कहानी पढ़कर नवसाक्षर महिलाओं को निम्न बातों का ज्ञान होगा —

- 1— स्वास्थ्य का ठीक रहना परिवेश पर भी बहुत कुछ निर्भर करता है। जहाँ सफाई है, स्वास्थ्य वही है।
- 2— स्वास्थ्य रहने के लिए केवल संतुलित भोजन ही नहीं , अपितु यह उत्तम रहन-सहन और उपयुक्त खान-पान के तरीकों पर भी निर्भर करता है ।
- 3— एक ही प्रकार के पोषक तत्व की अधिकता वाला आहार शरीर के लिए लाभप्रद नहीं बल्कि हानिकारक होता है ।
- 4— भोजन शॉत और प्रसन्नचित मन से ग्रहण करने पर पोषक तत्वों का पूरा-पूरा प्रभाव शरीर पर पड़ता है और स्वास्थ्य अच्छा रहता है।
- 5— दूसरों के जीवन शैली की अच्छी और उपयोगी बातों को सीख कर स्वयं के जीवन को अच्छा बनाना चाहिए ।

सीख

दिल्ली का जामा मस्जिद इलाका काफी भीड़-भाड़ वाला इलाका है। मस्जिद के पास वाली एक पतली संकरी गली में सुलेमान अपने परिवार के साथ रहा करता था। उसके तीन बेटे और दो बेटियाँ थी। चार साल पहले ही सुलेमान गाँव की हरियाली छोड़ कर दो पैसे ज्यादा कमाने के लिए दिल्ली आकर मजदूरी करने लगा। पैसे तो वह ठीक ही कमा लेता था। खाने-पीने पर भी खूब खर्च करता, लेकिन परिवार में कोई स्वस्थ नहीं रहता था। कभी किसी को बुखार तो कभी किसी को अपच, कभी मलेरिया तो कभी डायरिया। सुलेमान हमेशा परेशान रहता था। मजदूरी करने वह कई घरों में जाया करता, जहाँ दिन भर उसे रहना होता था। घरों में आते-जाते वह दूसरे लोगों का रहन सहन और



खान-पान देखता और फिर अपने परिवार से तुलना करता था। उसने देखा कि कई घरों में लोग जो भोजन करते हैं वह एक सम्पूर्ण आहार होता है अर्थात् वे भोजन में रोटी, चावल, दाल, सब्जी या माँस, सलाद और दही लेते हैं। यहाँ तक कि बच्चे भी

जल्दी-जल्दी खाना नहीं खाते। खाना सभी चबा-चबा कर ठीक से खाते हैं। जहाँ लोग भोजन करते हैं वहाँ आस पास काफी सफाई रहती है। वे भोजन करते समय बीच-बीच में थोड़ा पानी पीते हैं और बड़े शांत मन से हँसी-खुशी खाना खाते हैं। इन सारी अच्छी आदतों को देखकर सुलेमान ने यह सोचा कि हमारे रहन-सहन और इनके रहन-सहन में कितना फर्क है? हम लोग जब जितना और जो खाने का मन किया बिना सोचे समझे खा लेते हैं। हमारे भोजन में वो सारे फायदे की चीजें नहीं होती जो सम्य घरों में लोग खाते हैं। हमारे खाने की जगह साफ नहीं होती। रसोई घर की दावार से ही सटकर, बाहर की गंदी नाली बहती है। हमें खाना चबाकर ठीक ढंग से खाने की आदत नहीं है। शायद इन्हीं कारणों से हम सब घर वाले स्वस्थ नहीं रहते। पढ़े-लिखे घरों में आते-जाते सुलेमान की आँखें खुल गई। उसके मन में भी अपने परिवार के रहन सहन में परिवर्तन लाने की इच्छा प्रबल हुई और सबसे पहले उसने खान-पान में बदलाव लाने का प्रयास करना शुरू किया। सुलेमान ने पत्नी को समझाते हुए कहा—

अगर हम अपने खान-पान में सुधार ले आए और साफ सफाई का पूरा-पूरा ध्यान रखने लगे, तब हम सब लोग स्वस्थ रहने लगेंगे। अपनी आदतों में सुधार लाकर हम कई तरह की बीमारियों से बच सकते हैं।

माँस-मछली हर दिन नहीं बल्कि सप्ताह में दो या तीन दिन ही खाना चाहिए। हरी सब्जी और फल को भी भोजन में शामिल करना स्वस्थ रहने के लिए जरूरी है। इसके साथ-साथ खाना समय पर और भूख से थोड़ा कम खाना चाहिए। सुलेमान की बातें सुनकर उसकी पत्नी बोल पड़ी—

हम खान-पान में तो सुधार कर लेंगे, पर सफाई का ध्यान कैसे रख पायेंगे? ये बस्ती बहुत गंदी है। हमारे रसोई घर की दीवार के पास ही गंदी नाली बहती है और गली का रास्ता भी बहुत गंदा है।

बड़े उमंग भरे स्वर में सुलेमान बोल पड़ा—हम एक दो महीने में ही घर बदल लेंगे। सुलेमान साफ-सुथरी बस्ती में घर ढूँढने लगा। और एक महीने बाद एक नये घर में प्रवेश कर गया। इस नये घर में परिवार के साथ सुलेमान ने एक अच्छे जीवन की शुरुआत की। घर में सभी लोग भोजन में नियमपूर्वक उन खाद्य पदार्थों का सेवन करने लगे जिनमें भिन्न-भिन्न प्रकार के पोषक तत्व मौजूद हो सुलेमान और पत्नी ने बच्चों को भी साफ सफाई की सीख दी। इस तरह पूरा परिवार एक स्वस्थ सभ्य परिवार बन गया।

कठिन शब्दों के अर्थ:

अपच— बदहजमी, न पचने का रोग	सम्पूर्ण—समस्त, पूरा
सम्पूर्ण आहार — सभी पोषक तत्वों से भरा हुआ भोजन	
परिवर्तन — बदलाव	अवयव— अंश, भाग
सभ्य— अच्छे विचार रखने वाला, भलों का सा व्यवहार करने वाला	
प्रबल — तेज, जोर का	शामिल — सम्मिलित, किसी चीज में मिला होना ।

अभ्यास —

निम्न प्रश्नों के साथ चार विकल्प दिए गए हैं आपको जो सही लगे उसके सामने सही का चिन्ह लगावें :-

1- अच्छा भोजन किस प्रकार के भोजन को कहते हैं -

- | | | | |
|-------------------------|-----|-----------------------------|-----|
| (क) जिनमें पोषक तत्व हो | () | (ख) जिनमें सिर्फ प्रोटीन हो | () |
| (ग) जिनमें वसा हो | () | (घ) जिनमें लौह हों | () |

2- खान पान में सफाई का क्या प्रभाव पड़ता है -

- | | | | |
|---|-----|------------------------|-----|
| (क) आपको कोई फर्क नहीं पड़ता | () | (ख) आप मोटी हो जाती है | () |
| (ग) आप खुश रहती हैं | () | | |
| (घ) आप स्वस्थ रहकर बिमारियों से दूर रहती है | () | | |

3-सुलेमान ने रहन-सहन की अच्छी आदतों को कहाँ देखा-

- | | | | |
|--|-----|----------------|-----|
| (क) पड़ोस में | () | (ख) चाचा के घर | () |
| (ग) पढ़े-लिखे सभ्य घरों में जहाँ वह काम करने जाता था | () | | |
| (घ) कहीं नहीं | () | | |

4-सुलेमान गाँव छोड़कर चला गया -

- | | | | |
|-------------|-----|------------|-----|
| (क) मुम्बई | () | (ख) बनारस | () |
| (ग) कोलकाता | () | (घ) दिल्ली | () |

5- खाना जल्दी-जल्दी खाना स्वास्थ्य के लिए -

- | | | | |
|-----------------|-----|-------------------------|-----|
| (क) लाभकारी | () | (ख) जरूरी है | () |
| (ग) हानिकारक है | () | (घ) कोई अंतर नहीं पड़ता | () |

6- भोजन में प्रति दिन मॉस-मछली का सेवन करना उचित है, यह कथन -

- | | | | |
|---------------------|-----|--------------------|-----|
| (क) गलत है | () | (ख) गलत नहीं है | () |
| (ग) सही है, कभी कभी | () | (घ) बिल्कुल गलत है | () |

7- भोजन के साथ-साथ फल भी खाना-

- | | | | |
|----------------|-----|-----------------------|-----|
| (क) चाहिए | () | (ख) नहीं चाहिए | () |
| (ग) जरूरी नहीं | () | (घ) इनमें से कोई नहीं | () |

8-खान पान के साथ-साथ ठीक होना चाहिए

- | | | | |
|-----------------|-----|-----------------|-----|
| (क) पलंग कुर्सी | () | (ख) कपड़े लत्ते | () |
| (ग) सजावट | () | (घ) रहन-सहन | () |

9- अच्छे रहन-सहन का स्वास्थ्य पर-

- | | | | |
|--------------------------|-----|---------------------------|-----|
| (क) बुरा प्रभाव पड़ता है | () | (ख) अच्छा प्रभाव पड़ता है | () |
| (ग) कोई असर नहीं पड़ता | () | (घ) इनमें से कोई नहीं | () |

10- अच्छी आदत है और स्वास्थ्य के लिए लाभकारी है -

- | | | | |
|---------------------------------|-----|-----------------------------|-----|
| (क) जल्दी-जल्दी बिना चबाकर खाना | () | (ख) जल्दी-जल्दी चबाकर खाना | () |
| (ग) धीरे धीरे चबाकर नहीं खाना | () | (घ) चबाकर और धीरे धीरे खाना | () |

11-सुलेमान ने पुराना घर क्यों बदला-

- | | |
|---|-----|
| (क) प्रकाश नहीं आता थी | () |
| (ख) बस्ती बहुत साफ रहता था | () |
| (ग) बस्ती गंदी, और घर का रसोई भी गंदे जगह पर था | () |
| (घ) बिना कारण | () |

15—दर्द

प्रस्तुत कहानी पढ़कर नवसाक्षर महिलाओं को निम्न जानकारियाँ होगी—

- 1— शरीर को ऐसे आहार की आवश्यकता होती है जो शारीरिक तन्त्र के अनुकूल हो, अर्थात् सुपाच्य एवं संतुलित भोजन करना मानव स्वास्थ्य के लिए आवश्यक है ।
- 2— शरीर को अधिक मसालेदार भोजन एवं घी तेल से बचाना चाहिए क्योंकि यह स्वास्थ्य रक्षा के प्रतिकूल होता है।
- 3— भोजन ग्रहण करने की उपयुक्त विधि अपनानी चाहिए। जल्दबाजी में किया गया भोजन हानिकारक होता है।
- 4— जल का महत्व स्वास्थ्य रक्षा के लिए अत्यन्त है। ज्यादा से ज्यादा एवं स्वच्छ जल पीना बहुत लाभकारी होता है ।
- 5— आलस में या जल्दबाजी में कभी कच्चा या बासी भोजन नहीं करना चाहिए ।

दरुद

शरुड हलु ऑली, नईड अडुी तलु सुकूल से नहुीं ललुतल। सलडल ने ऑडरलते हुऐ कलल। थुडुी हुी डेर डलद से करलहते हुऐ ऑड नईड ऑर डहुँऑल, तड ऑर डें सब सुलऑ डें डडु ऑऐ कल आऑलर इसे हुआ कलल है? वलह डरुद से डेऑैन हुल रहल थल। सलडल ने डुरैन उसे डडुस वलले डुऑलर सलहड के यलहुँ ले गई।

डलकलर सलहड ने नईड से डूऑल— सुडह कलल ऑलकर सुकूल गये थे? ऑवलड डें सलडल डुल डडुी इसे ऑलवल ऑु डें तल कर ऑलललल थल। सुकूल ऑलने की डेरी हुल रही थी,



इसललऐ ऑललल डलल। ऑलवल अडुी डूरी तरलह डकल डुी नहुीं थल।

डाक्टर साहब— ये तो यही बात हो गई—‘एक तो करैला ऊपर से नीम चढ़ा’ चावल खिलाया और वह भी कच्चा। कच्चा चावल पच नहीं पाया और फिर इसके पेट में तनाव के साथ दर्द होने लगा। अधपका खाना ढंगसे पच नहीं पाता ।

नईम को डाक्टर साहब ने दवा देते हुए कहा—बेटे खूब चबाकर और धीरे —धीरे खाना खाया करिए। दवा खाने के थोड़ी देर बाद नईम ठीक हो गया। नईम की माँ को डाक्टर साहब ने सलाह देते हुए यह कहा—

आप ज्यादा घी तेल न खायें और न खिलायें, इससे पेट को नुकसान पहुँचता है। भोजन करने के थोड़ी देर बाद ही पानी पीना अच्छा होता है। सुबह उठकर सबसे पहले दो गिलास पानी जरूर पीना चाहिए। ज्यादा से ज्यादा पानी पीना सेहत के लिए अच्छा होता है। रात हो चली थी। सलमा नईम को लेकर घर लौट आयी।

कठिन शब्दों के अर्थ :-

संकेत — इशारा, अपना भाव प्रकट करने वाली कोई शारीरिक चेष्टा ।

फौरन — जल्द, तुरन्त

सेहत — स्वास्थ्य

कराहना — पीड़ा अथवा दर्द वाला शब्द मुख से निकलना,

अभ्यास—

निम्न प्रश्नों के साथ चार विकल्प दिए गए हैं आपको जो सही लगे उसके सामने सही का चिन्ह लगावें —

1—नईम को कहाँ दर्द था —

(क) सर में	()	(ख) मुँह में	()
(ग) पेट में	()	(घ) पैर में	()

2— सुबह में नईम ने क्या खाया था?

(क) दूध रोटी	()	(ख) चावल सब्जी	()
(ग) रोटी सब्जी	()	(घ) घी में तला चावल	()

3— कच्चा भोजन नहीं करना चाहिए —

(क) पच नहीं पाता	()	(ख) पच जाता है	()
(ग) स्वाद खराब होता है	()	(घ) ‘क’ और ‘ग’ दानों	()

4— नईम को हकीम साहब ने क्या सलाह दी —

(क) खाना जल्दी—जल्दी खाना चाहिए	()
---------------------------------	-----

- (ख) खाना खूब चबाकर जल्दी जल्दी खाना ()
 (ग) खाना खूब चबाकर धीरे धीरे खाना चाहिए ()
 (घ) इनमें से कोई नहीं ()

5- सुबह उठकर पीना चाहिए -

- (क) दूध () (ख) जूस ()
 (ग) चाय () (घ) पानी ()

6-नईम की माँ का क्या नाम था ?

- (क) सलमा () (ख) सुल्ताना ()
 (ग) शबाना () (घ) अरीना ()

7- दर्द जब आपको हो तब -

- (क) बर्दाश्त करना चाहिए () (ख) ध्यान नहीं देना चाहिए ()
 (ग) तुरत उचित इलाज करना चाहिए () (घ) खूब रोना चाहिए ()

8- 'सुबह उठकर टहलना स्वास्थ्य के लिए लाभकारी है, यह कथन

- (क) गलत है () (ख) सही है ()
 (ग) कभी सही है, कभी गलत () (घ) इनमे से कोई नहीं ()

9- 'भोजन को ज्यादा घी तेल से बचाना चाहिए, यह कथन

- (क) गलत है () (ख) सही है ()
 (ग) कभी कभी सही है () (घ) इनमें से कोई नहीं ()

10- अच्छे स्वास्थ्य के लिए -

- (क) केवल संतुलित भोजन खाना चाहिए ()
 (ख) केवल साफ सफाई का ध्यान रखना चाहिए ()
 (ग) केवल सुबह पानी पीना चाहिए ()
 (घ) इनमें से सभी ()

16— 'प्रदर्शनी'

प्रस्तुत कहानी द्वारा नवसाक्षर महिलाओं को निम्नलिखित जानकारीयाँ प्राप्त हो सकेंगी—

- 1— स्वयं साफ सुथरा रहने पर परिवेश अपने आप साफ एवं स्वच्छ हो जाता है ।
- 2— स्वस्थ जीवन तभी संभव है जब खान—पान और साफ—सफाई में परस्पर सामंजस्य स्थापित की जाए ।
- 3— जीवन यापन के लिए उत्तम दिनचर्या अपनाना मनुष्य के सुन्दर स्वास्थ्य के लिए जरूरी है ।
- 4— भोजन करते समय कुछ महत्वपूर्ण बातों को ध्यान में रखना चाहिए ।
- 5— अच्छा स्वास्थ्य स्वयं दिख जाता है, यह दिखावे की चीज नहीं है ।

प्रदर्शनी

राजकीय महाविद्यालय, घौलपुर में एक स्वास्थ्य प्रदर्शनी लगायी जानी थी। यह प्रदर्शनी 7 अप्रैल को विश्व स्वास्थ्य दिवस पर जिला के चार विद्यालयों द्वारा आयोजित की जा रही थी। जिलाधिकारी द्वारा सबसे अच्छे प्रदर्शन वाले विद्यालय के लिए इनाम रखा गया था।

सात अप्रैल आ गया और चारों विद्यालयों ने अपनी-अपनी तैयारी के साथ विद्यालय के बड़े से हॉल में प्रदर्शनी लगायी। इन सभी विद्यालयों को क्रमशः एक दो, तीन, और चार नम्बर दिए गए ।



नम्बर एक विद्यालय के छात्रों ने खाने की अच्छी-अच्छी सामग्रियों को मेज पर रखा था।

नम्बर दो विद्यालय के छात्र शारीरिक व्यायम करने वाले उपकरणों का प्रदर्शन कर रहे थे। जिलाधिकारी जब नम्बर तीन के पास पहुँचे तो देखा कि वहाँ एक साफ-सुथरा बिस्तर लगा हुआ था और एक छात्र फर्श की सफाई कर रहा था।

फिर बारी आइ चौथे नम्बर वाले विद्यालय की। यह राजकीय मध्यविद्यालय, घौलपुर के ही छात्रों का दल था। दो छात्र चुपचाप खड़े हुए थे। फर्श चमक रहा था। चप्पल जूते आस पास नजर नहीं आये। दोनों छात्र खूब सेहतमंद लग रहे थे और इतने साफ सुथरे जैसे अभी-अभी स्नान किया हो। उनके दाँत चमक रहे थे।

जिलाधिकारी महोदय इस विद्यालय से बहुत खुश हुए और कहा —

जो स्वयं साफ रहने की आदत डालेगा और संतुलित भोजन करेगा। उसका स्वास्थ्य ठीक रहेगा। अन्य विद्यालयों की तुलना में इस विद्यालय के छात्र ज्यादा साफ और स्वस्थ हैं।

स्वास्थ्य और सफाई को दिखाने की जरूरत नहीं होती। यह तो स्वयं झलक जाता है।

प्रधानाचार्य महोदय ने कहा—

अच्छा स्वास्थ्य शरीर की पूरी सफाई और संतुलित भोजन पर निर्भर करता है। दाँत अच्छी तरह साफ करना चाहिए। नाखून कभी बड़े हुए न हो। सफाई से स्नान कर साफ कपड़ा पहनना चाहिए और भोजन करते समय कई बातों पर ध्यान दे —

जैसे संतुलित भोजन करें। ठीक से चबाकर भोजन करें। खान-पान के बर्तनों को साफ रखें। भोजन स्वच्छ जगह पर रखें और खायें। राजकीय मध्य विद्यालय घौलपुर प्रदर्शनी में प्रथम आया। प्रधानाध्यापक जी ने छात्रों की पीठ थपथपायी।

कठिन शब्दों के अर्थ :—

प्रदर्शनी — विभिन्न प्रकार की वस्तुएं लोगों को दिखलाने के लिए एक स्थान पर रखना।

आयोजित— ठीक-ठाक किया हुआ, तैयार

प्रदर्शन — दिखाने का काम

सामग्री — चीज, वस्तु

उपकरण— सामान, साधन

संतुलित— नपा-तुला

अभ्यास—

नीचे लिखे प्रश्नों के साथ चार विकल्प दिए हुए हैं, आपको जो सही लगे, उसके सामने सही का चिन्ह लगावें —

1— सात अप्रैल को कौन सा दिवस मनाया जाता है ?

- | | |
|-----------------------------|------------------------------|
| (क) विश्व जनसंख्या दिवस () | (ख) विश्व स्वास्थ्य दिवस () |
| (ग) विश्व साक्षरता दिवस () | (घ) विश्व एड्स दिवस () |

2—प्रदर्शनी किस विषय पर लगने वाली थी —

- | | |
|----------------------|---------------------------|
| (क) शिक्षा पर () | (ख) गरीबी उन्मुलन पर () |
| (ग) स्वास्थ्य पर () | (घ) इनमें से कोई नहीं () |

3— किस विध्यालय में प्रदर्शनी लगा —

- | | |
|-------------------------------------|--------------------------------|
| (क) रामपूर विद्यालय () | (ख) जौनपूर विद्यालय () |
| (ग) राजकीय मध्य विद्यालय धौलपुर () | (घ) शास्त्री उच्च विध्यालय () |

4—'स्वास्थ्य और सफाई दिखाने की जरूरत है — यह कथन —

- | | |
|----------------|------------------------------|
| (क) सही है () | (ख) कभी-कभी सही है () |
| (ग) गलत है () | (घ) कोई अन्तर नहीं पड़ता () |

5—नाखुन बढ़ना—

- | | |
|-----------------------------------|-----------------------------------|
| (क) स्वास्थ्य के लिए ठीक नहीं () | (ख) देखने में अच्छा नहीं लगता () |
| (ग) देखने में अच्छा लगता है () | (घ) कोई अन्तर नहीं पड़ता () |

6—गंदा रहना गरीब लोगों की मजबूरी है यह कथन—

- | | |
|------------------------|---------------------------|
| (क) गलत है () | (ख) बिल्कुल सही है () |
| (ग) बिल्कुल गलत है () | (घ) इनमें से कोई नहीं () |

7— कौन विद्यालय प्रथम आया —

- | | |
|-----------------------------------|---------------------------------|
| (क) पहला विद्यालय () | (ख) दूसरा विद्यालय () |
| (ग) तीसरे नम्बर वाला विद्यालय () | (घ) चौथे नंबर वाला विद्यालय () |

8—भोजन करते समय —

- | | |
|------------------------|----------------------------|
| (क) चबाकर खाये () | (ख) प्रेम भाव से खायें () |
| (ग) खुशी-खुशी खाये () | (घ) उप्युक्त सभी () |

9—अच्छी आदत है —

- | | |
|--|---------------------------------|
| (क) बाहर की गंदगी चप्पलो द्वारा भीतर न लायी जाये () | |
| (ख) बिस्तर साफ सुथरी हो () | (ग) प्रति दिन स्नान की जाये () |
| (घ) इनमें से सभी () | |

10—बाते करनी चाहिए —

(क) मुँह से मुँह सटाकर

()

(ख) अपना मुँह थोड़ी दूर रखकर()

(ग) इशारों में

()

(घ) इनमें से कोई नहीं ()

17—‘गुमसुम’

प्रस्तुत कहानी को पढ़कर नव साक्षर महिलाओं को निम्न बातों का ज्ञान होगा —

- 1— शारीरिक रोग को धर्म से जोड़कर शरीर के प्रति लापरवाही नहीं करना चाहिए।
- 2— चेचक की बीमारी एक संचरणीय बीमारी है। अतः रोगी को अन्य लोगों से अलग रखना चाहिए।
- 3— चेचक हो जाने पर रोगी को साफ—सफाई में रखना बहुत जरूरी होता है।
- 4— संचरणीय रोग में अत्यन्त सावधानी बरतने की आवश्यकता होती है।
- 5— चेचक जैसी बीमारी होने के क्या कारण हैं? एवं इससे बचाव के क्या—क्या उपाय हो सकते हैं ?

गुमसुम

गर्मी का दिन था। सुधा अपने दोस्तों के साथ खेलने घर से बाहर निकली। शाम के समय सुधा, सोनम, लता और सोनू गाँव के विद्यालय के पास जमा होते और सब मिल कर खेलते थे। सोनम, सुधा की अच्छी दोस्त थी। आज जब सोनम खेलने नहीं आयी तब सुधा थोड़ी गुमसुम रही और तुरन्त घर लौट आई। अगले दिन जब सोनम विद्यालय भी नहीं आई तब सुधा चिन्तित होने लगी और स्कूल से छूटते ही सीधे सोनम के घर पहुँच गई। वहाँ सोनम बीमार होकर बिस्तर पर लेटी पड़ी थी।

सोनम की माँ ने कहा –

अरे बेटी! इसे तो चेचक हो गया है, शरीर पर माता देवी आयी है। सुधा दो-तीन घंटे सोनम के पास ही बैठी रही और फिर शाम को अपने घर चली गई।



अगले दिन सुधा की तबियत भी खराब होने लगी। उसे हल्का बुखार हुआ और चौबीस घंटे के भीतर शरीर पर विशेष प्रकार के चकते निकल आए। उसने अपनी माँ को

बताया कि कल सोनम के घर गई थी उसे देखने। उसे चेचक हो गया है। आंटी ने कहा माता जी आयी है। स्वयं ठीक हो जाएगी।

यह सुनते ही सुधा की माँ ने कहा—

बस, उसी की बीमारी तुम्हें हो गई है। चेचक माता के आने से नहीं बल्कि वायरस जनित रोग है यानि शरीर में वायरस के प्रवेश हो जाने से होता है। रोगी व्यक्ति के सम्पर्क में आने पर, उसे छूने पर, उसके बिस्तर पर बैठने और उसके बर्तन में खाने या पीने से होता है। ऐसी बीमारी में साफ सफाई जरूरी है। मुझे अब तुम्हें भी अलग रखना पड़ेगा।

सुधा की माँ पढ़ी लिखी थी। वह फौरन डॉक्टर शर्मा के यहाँ चली गई और उनसे मिलकर अपनी बेटी का हाल बताया।

हाल सुनकर डाक्टर शर्मा ने कहा—

बच्ची को चेचक हो गया है, इस बीमारी में साफ—सफाई ही सबसे बड़ी सावधानी होती है। इसे बिल्कुल साफ सुथरी जगह पर रखें और इसका खान—पान भी अलग होना चाहिए। एक दवा मैं लिख रहा हूँ, इसे खरीद लें और बच्ची के चकतों पर दो—तीन बार लगाया करें।

सुधा की माँ जी! बहुत—बहुत धन्यवाद डॉक्टर साहब! आज ही मैं यह दवा ले आऊँगी।

सुधा की माँ दवा खरीद लाई और उसे सुधा के चकतों पर लगाना शुरू किया। दवा लगाने से चकतों पर पापड़ियाँ पड़ने लगी और लगभग चौदह दिन में सभी पापड़ियाँ गिर गई। धीरे—धीरे सुधा ठीक हो गई। सुधा को इस रोग के बारे में बहुत जानकारियाँ मिली जिसे वह अपने दोस्तों को भी बतायी।

माँ कह रही थी कि यह रोग जल और वायु प्रदुषण होने पर होता है। यह वरीसेला जोस्टस नामक वायरस द्वारा होता है।

सभी मित्रों ने कहा—

‘भगवान न करे यह बीमारी हमें हो और यदि हुआ भी तब हम सारी सावधानियाँ बरतेंगे और कोशिश करेंगे कि यह रोग हमारे द्वारा किसी और को न हो’

सुधा ने कहा—

कुछ ही दिनों में परीक्षा शुरू होने वाली थी। सभी मित्र अब पढ़ाई में लग गए।

कठिन शब्दों के अर्थ :

गुमसुम –शांत

सम्पर्क–नजदीक, निकट

प्रदुषण–वातावरण का गंन्दा होना

अभ्यास –

नीचे लिखे प्रश्नों के साथ चार विकल्प दिए गए हैं, आपको जो सही लगे, उसके सामने सही का चिन्ह लगावें –

1– सोनम को हो गया था –

- | | | | |
|-------------|-----|-----------|-----|
| (क) मलेरिया | () | (ख) चेचक | () |
| (ग) पिलिया | () | (घ) बुखार | () |

2– चेचक किसके कारण होता है –

- | | | | |
|------------|-----|-----------------|-----|
| (क) वायरस | () | (ख) जीवाणु | () |
| (ग) कीटाणु | () | (घ) कुछ भी नहीं | () |

3– सोनम के बाद कौन बीमार पड़ गया –

- | | | | |
|---------|-----|----------|-----|
| (क) लता | () | (ख) राधा | () |
| (ग) उषा | () | (घ) सुधा | () |

4– चेचक, रोगी व्यक्ति के –

- | | | | |
|--------------------------------------|-----|-----------------------|-----|
| (क) सम्पर्क में आने पर नहीं फैलता है | () | (ख) स्वयं हो जाता है | () |
| (ग) सम्पर्क में आने पर फैलता है | () | (घ) इनमें से कोई नहीं | () |

5– चेचक एक

- | | | | |
|--------------------|-----|---------------------|-----|
| (क) संचरणीय रोग है | () | (ख) असंचरणीय रोग है | () |
| (ग) दोनों | () | (घ) अभिशाप है | () |

6– चेचक रोग हो जाने पर –

- | | | | |
|-----------------------------|-----|---------------------------------|-----|
| (क) सफाई बहुत महत्वपूर्ण है | () | (ख) सफाई रखना अच्छी बात नहीं है | () |
|-----------------------------|-----|---------------------------------|-----|

- (ग) सफाई कोई जरूरी नहीं () (घ) इनमें से सभी ()
- 7- चेचक का मतलब है—
- (क) माता जी के शरीर पर आना ()
- (ख) माता जी का गुस्सा हो जाना ()
- (ग) वायरस का शरीर में प्रवेश () (घ) इनमें से सभी ()
- 8- जिस वायरस से चेचक होता है, उसका नाम है —
- (क) एरीसेला फोस्टर () (ख) बसीला जोस्टर ()
- (ग) वरीसेला जोस्टर () (घ) वेरिकिला जोस्टर ()
- 9- चेचक हो जाने पर रोगी—
- (क) चिकित्सक से सम्पर्क करें () (ख) साधू से सम्पर्क करें ()
- (ग) घर का इलाज करें () (घ) कोई इलाज न करें ()
- 10- सुधा की मौँ —
- (क) अनपढ़ थी () (ख) पढ़ी लिखी थी ()
- (ग) बीमार थी () (घ) इनमें से कुछ भी नहीं ()
- 11-जब चेचक हो जाए तब —
- (क) सर में दर्द रहता है ()
- (ख) पेट में दर्द रहता है ()
- (ग) शरीर पर घाव निकल आते हैं ()
- (घ) शरीर पर चकते निकल आते हैं ()

18— अपाहिज

प्रस्तुत कहानी को पढ़कर नव साक्षर महिलाओं को निम्नलिखित ज्ञान प्रद एवं लाभप्रद बातों की जानकारी होगी —

- 1— पुराने और संकीर्ण विचार जीवन के लिए हानिकारक होते हैं ।
- 2— नव जात शिशु के जन्म पर उसके सम्पूर्ण स्वास्थ्य के लिए सभी प्रकार के निरोधी टीके और दवाइयाँ बहुत आवश्यक होता है ।
- 3— बच्चों के स्वास्थ्य के प्रति लापरवाही उनके जीवन से लापरवाही है ।
- 4— किसी भी प्रकार का रोग हो, जल्द से जल्द डॉक्टर के पास जाना चाहिए ।
- 5— जन्म से लेकर पाँच वर्ष तक बच्चों को प्रत्येक आवश्यक टीका लगवाना जरूरी है एवं इनके स्वास्थ्य का विशेष ध्यान रखना चाहिए ।

अपाहिज सोच

बदरीनाथ जी का परिवार गाँव का सबसे बड़ा परिवार था। उनके सात पुत्र एवं तीन पुत्रियाँ थी। सभी की शादी हो चुकी थी, सभी बाल-बच्चे वाले थे। बदरीनाथ जी का परिवार किसी भी बीमारी में दवाइयों के सेवन से परहेज करता था। इनके अनुसार प्राकृतिक जड़ी बूटियों का इस्तेमाल करना लाभकारी होता है। यहाँ तक के परिवार में किसी बच्चे के जन्म लेने पर उसे कोई भी टीका या दवा नहीं पिलाई जाती।

कुछ वर्ष पहले बदरीनाथ जी के बड़े लड़के के परिवार में एक पुत्री का जन्म हुआ। अतः वह एक वर्ष की थी, उसे बुखार हुआ, सुखी खाँसी के साथ छींकें भी आ रही थी। आँखें लाल थी और उल्टी हो रही थी। पड़ोस की जमुना काकी ने कहा—

‘इसे तुरन्त डॉक्टर के पास ले जाओ। बच्चे को खसरा होने का डर है।’

कुछ ही घंटे बाद बच्ची के चेहरे, गर्दन और पेट पर चमकीले लाल चकते दिखाई देने लगे। जमुना काकी के कहने पर भी घर वालों को कोई असर नहीं हुआ। शरीर पर कई जगह काले निशान हो गए और जब बच्ची की स्थिति खराब हो गई तब उसकी माँ चुपचाप बच्ची को लेकर डॉक्टर के यहाँ दौड़ी भागी पहुँची।

डॉक्टर साहब ने दवा लिखी और साफ सफाई के प्रति काफी सावधान रहने के लिए कहा। उन्होंने बताया—

सफाई से इस रोग को फैलने से रोका जा सकता है। यह रोग ‘मिक्सो’ वायरस के द्वारा होता है और विशेषकर रोगी को छूने या खाँसी या छींक द्वारा फैलता है। हर बच्चे को खसरे का टीका लगवाया करें ताकि बच्चों के शरीर में इस रोग से लड़ने की क्षमता पैदा हो सके।

बच्ची की माँ ने ठीक तरह से बातों को समझा और फिर यह प्रण किया कि वह अब अपने हर बच्चे को सभी जरूरी टीके और दवा पिलवाया करेगी।

इस घटना के बाद भी परिवार के लोगों की सोच में बदलाव नहीं आया ।

दो वर्ष पहले ही एक और घटना घटी । बदरीनाथ जी के दूसरे बेटे के घर में एक पुत्र ने जन्म लिया। पुत्र के जन्म पर खूब खुशियाँ मनाई गई मिठाइयाँ बटीं, किन्तु बच्चे के स्वास्थ्य की चिंता किसी को नहीं थी। गाँव में सरकार की ओर से पोलियो की दवा भी पिलाई जा रही थी। लगभग पूरा गाँव अपने बच्चों को ये दवा पिलवा रहा था, लेकिन बदरीनाथ जी के परिवार में किसी भी बच्चे को पोलियो यानि पक्षाघात से बचने की यह दवा नहीं पिलायी गई ।



परिणाम यह हुआ कि नव जात बच्चे को पोलियो हो गया। उसका एक पैर बेकार हो गया। लाख कोशिशों के बाद भी उसका पैर ठीक नहीं हो पाया और वह बच्चा हमेशा के लिए अपाहिज हो गया। इस घटना के बाद घर में लोगों को होश आया। बदरीनाथ जी ने अपनी जिद छोड़ी और अब वे सावधान हो गए ।

अगले वर्ष जब कैम्प लगा तब सबसे पहले पहुँचने वालों में इसी परिवार के बच्चे थे। कैम्प के कार्यकर्ताओं ने बताया—

पोलियोमाइलिटिस एन्टेरो वायरस द्वारा स्थानान्तरण होता है। सामान्यतः यह दूषित भोजन तथा पानी द्वारा या मल द्वारा स्थानान्तरित होता है।

यह रोग छोटे बच्चे में होता है। शुरु में बुखार तथा गर्दन में कठोरता होने के कारण सर को आगे झुकाने में कष्ट होता है तथा कई बार इसमें पक्षाघात हो जाना इस रोग के सामान्य लक्षण हैं।

बाल पक्षाघात से पूर्ण सुरक्षा के लिए सभी बच्चों को बहुत छोटी अवस्था में ही पोलियो के टीके लगवाना आवश्यक है।

सम्पूर्ण जानकारी के बाद घर में लोगों की आँखें खुली और परिवार में आनेवाले हर बच्चे को सभी जरूरी टीके लगवाना और दवा पिलवाना शुरु किया।

कठिन शब्दों के अर्थ :-

अपाहिज— अंगहीन, काम न करने योग्य

परहेज— किसी व्यक्ति, वस्तु या काम से अलग रहने का भाव

प्राकृतिक — जो प्रकृति से उत्पन्न हुआ हो

सावधान — सचेत, होशियार, सतर्क

प्रण — प्रतिज्ञा, किसी काम को करने का दृढ़ निश्चय।

स्थानान्तरित — जो एक स्थान से दूसरे स्थान पर भेजा या पहुँचाया गया है।

अभ्यास—

नीचे लिखें प्रश्नों के साथ चार विकल्प दिए गए हैं, आपको जो सही लगे उसके सामने सही का चिन्ह लगावे —

1— खसरा होने के लक्षण हैं—

(क) शरीर पर घाव निकल आना () (ख) शरीर में खूजली हो जाना ()

(ग) शरीर पर कई जगह चमकीले चकते () (घ) इनमें से कुछ नहीं ()

2— किस तरह खसरा रोग हो जाता है—

(क) वायरस के प्रवेश से () (ख) बैक्टीरिया के प्रवेश से ()

(ग) जीवाणु के प्रवेश से () (घ) इनमें से सभी ()

3— खसरे से बचने का उपाय है —

(क) जन्म से ही बच्चे को साफ सुथरा रखें ()

(ख) जन्म से ही बच्चे को वायरस से रक्षा करें ()

(ग) जन्म से ही बच्चे को खसरे का टीका लगवाएं ()

- (घ) इनमें से कुछ भी नहीं ()
- 4- पोलियो नामक बीमारी से ग्रस्त बच्चा -
- (क) कम सुनता है () (ख) कम देखता है ()
- (ग) अपंग हो जात है () (घ) तुतलाता है ()
- 5- पोलियो एक -
- (क) साधारण रोग है () (ख) एक भयंकर रोग है ()
- (ग) एक अभिशाप है () (घ) इनमें से कुछ भी नहीं ()
- 6- सामान्यतः पोलियो का वायरस -
- (क) दुषित पानी द्वारा स्थानान्तरित होता है ()
- (ख) दुषित भोजन द्वारा स्थानान्तरित होता है ()
- (ग) दुषित मल द्वारा स्थानान्तरित होता है ()
- (घ) इनमें से सभी ()
- 7- पोलियो का पूरा नाम क्या है -
- (क) पोलियो आइटिन () (ख) पोलियो एलिटिस ()
- (ग) पोलियो माइलिटिस () (घ) पोलियो आइलिस ()
- 8- बदरीनाथ जी के कितने बच्चे हैं-
- (क) पाँच पुत्र और तीन पुत्रियाँ () (ख) सात पुत्र और तीन पुत्रियाँ ()
- (ग) चार पुत्र और तीन पुत्रियाँ () (घ) सात पुत्री और दो पुत्र ()
- 9- पोलियो होता है -
- (क) बूढ़ों को () (ख) युवा उम्र में ()
- (ग) बच्चों को () (घ) केवल पुरुष को ()
- 10- खसरा किस वायरस के कारण होता है -
- (क) इक्सो () (ख) फिक्सो ()
- (ग) मिक्सो () (घ) कुछ भी नहीं ()

19— रंग में भंग

प्रस्तुत कहानी पढ़कर नवसाक्षर महिलाएँ निम्नलिखित बातों से अवगत हो सकेंगी —

- 1— खुले और गंदे जगहों पर रखे हुए खाने की चीजों को नहीं खाना चाहिए ।
- 2— भोजन हमेशा ताजा करना चाहिए ।
- 3— भोजन समय से और साफ जगह पर करना चाहिए ।
- 4— मक्खियाँ रोग की प्रमुख वाहक होती हैं, खाद्य सामग्रियों को इनसे बचाना चाहिए ।
- 5— दस्त और उल्टी होने पर तुरन्त उपयुक्त इलाज करना बहुत जरूरी है, इसे साधारण न समझें ।
- 6— शरीर में पानी तथा लवण की संतुलित मात्रा आवश्यक है। हैजा होने पर इनकी मात्रा शरीर में कम हो जाती है ।

रंग में भंग

मुनिया की बारात जयपुर से आने वाली थी। पूरे गाँव में चहल-पहल था। सुबह से ही गाँव के लोग बारातियों के स्वागत की तैयारी में जुटे थे। एक दिन पहले से ही पकवान तैयार किए जा रहे थे। बारात शाम के पाँच बजे पहुँचने वाली थी, पर रास्ते में देर हो गई। रात के लगभग दस बजे बारात दरवाजे पर लगी। शादी की रस्म होते-होते रात के बारह बज गये। बारातियों को खाना खिलाया गया। बारात एक स्कूल भवन में ठहरायी गयी थी।



अस्पताल था। दो-चार युवक जल्दी से अस्पताल पहुँचे। अस्पताल के डॉक्टर चौकीदार ने बताया—

‘डाक्टर साहब तो घर पर हैं।’

एक युवक बोला— जल्दी उठाओ उन्हें! अस्पताल से थोड़ी ही दूर पर डाक्टर साहब रहते थे चौकीदार तेजी से पहुँच कर उन्हें जगाया। उनके बाहर निकलते ही एक युवक ने कहा— डाक्टर साहब घर पे बहन की बारात आयी है, अचानक कई बाराती बीमार पड़ गए हैं, उन्हें दस्त और उल्टियाँ हो रही हैं।

डाक्टर साहब — अभी चलता हूँ। फौरन उन्होंने बाहर के सदर अस्पताल फोन किया और वहाँ से डॉक्टर के एक दल को बुला लिया। दो घंटे के भीतर सभी डॉक्टर गाँव पहुँच गए और इलाज शुरू किया। पता यह चला कि लोगों को हैजा हो गया है। डॉक्टरों ने जब कारण जानना चाहा तब उन्हें यह जानकारी मिली कि मिठाइयाँ सुबह के पाँच बजे से ही बनकर तैयार थी और इन्हें खुला ही रखा गया था जिस पर मक्खियाँ लग रही थी। मक्खी रोगाणुओं की प्रमुख वाहक होती हैं। डाक्टरों की उचित इलाज और देखभाल से बारातियों की तबियत सुधरी।

डाक्टरों के दल ने बताया—‘हैजा विब्रियोकॉलेरा जीवाणु द्वारा होता है तथा दूषित भोजन और पानी द्वारा फैलता है। इस रोग की प्रमुख वाहक मक्खियाँ होती हैं। रोगाणुओं के आक्रमण के कुछ घंटों के पश्चात या दो-तीन दिन बाद इसके लक्षण दिखाई देते हैं जिसमें—पेशियों में बल पड़ना, उल्टी होना, दस्त होना आदि प्रमुख हैं। हैजा होने वाले व्यक्ति के शरीर में पानी तथा लवण की कमी हो जाती है कई बार इसमें रोगी की मृत्यु भी हो जाती है। अतः आप सब लोगों को हैजा जैसी दूषित बीमारी से बचना जरूरी है। हैजे का नियंत्रण निम्न उपायों द्वारा किया जा सकता है —

- 1— रोगी को अलग रखना तथा उसे ग्लूकोज, इलेक्ट्रोलाइट्स, पानी तथा प्रति जैविक औषधियों द्वारा इलाज करना।
- 2— स्वच्छ जल की व्यवस्था करना।
- 3— मलमूत्र उपयुक्त तरीके से विसर्जित करना तथा स्वच्छता रखना।

4- हैजा का टीका लगवाकर रोग के प्रतिरोधक क्षमता उत्पन्न करना।

5- व्यक्तिगत तथा सामुहिक स्वच्छता जैसे विषयों पर स्वास्थ्य शिक्षा देना।

इस घटना के बाद गाँव के लोग सचेत हो गए और रोग से बचने के लिये सावधानी बरतने लगे।

कठिन शब्दों के अर्थ :-

वाहक - ढोने वाला साधन

दूषित - खराब

नियंत्रण - काबू रोक

विसर्जित करना- बाहर निकालना

व्यक्तिगत- मनुष्य संबंधी

सामुहिक - पूरे समुह को

स्वच्छता - सफाई

प्रतिरोधक- रोकने वाला, मुकाबला करने वाला

अभ्यास-

नीचे प्रश्नों के साथ चार विकल्प दिए गए हैं, आपको जो सही लगे, उसके सामने सही का चिन्ह लगावें -

1- बारातियों को क्या हो गया -

- | | | | |
|------------|-----|------------------|-----|
| (क) बुखार | () | (ख) हैजा | () |
| (ग) पिलिया | () | (घ) पेट में दर्द | () |

2- किसकी बारात आने वाली थी -

- | | | | |
|------------|-----|------------|-----|
| (क) मुन्नी | () | (ख) चुन्नी | () |
| (ग) सोनिया | () | (घ) मुनिया | () |

3- हैजा कैसे फैलता है -

- | | | | |
|------------------------|-----|-----------------------|-----|
| (क) गंदगी से | () | (ख) कमजोरी से | () |
| (ग) दूषित भोजन करने से | () | (घ) इनमें से कुछ नहीं | () |

4- हैजा -

- | | | | |
|------------------------|-----|-----------------------------|-----|
| (क) वायरस से फैलता है | () | (ख) जीवाणु से फैलता है | () |
| (ग) रोगाणु से फैलता है | () | (घ) चिन्ता करने से फैलता है | () |

5- हैजा के जीवाणु का नाम है-

- (क) विब्रियो कोलेरा नामक जीवाणु से () (ख) एब्रियो कोलेरा नामक जीवाणु से ()
 (ग) एंटियो कोलेरा नामक जीवाणु से () (घ) इनमें से कोई नहीं ()

6— हैजा रोग की प्रमुख वाहक—

- (क) मधुमक्खी होती है () (ख) मक्खियाँ होती है ()
 (ग) चिड़िया होती है () (घ) मच्छर होते है ()

7— हैजा रोग के लक्षण है—

- (क) पेट में दर्द () (ख) सर में दर्द ()
 (ग) उल्टियाँ और दस्त () (घ) कुछ भी नहीं ()

8— हैजा रोग से पिड़ित व्यक्ति के शरीर में—

- (क) पानी की कमी हो जाती है () (ख) खून की कमी हो जाती है ()
 (ग) माँस की कमी हो जाती है () (घ) पानी तथा लवण की कमी हो जाती है ()

9— हैजे के रोगी को —

- (क) स्वच्छ जल देना चाहिए ()
 (ख) हैजे का टीका लगाना चाहिए ()
 (ग) मलमूत्र को उपयुक्त तरीके से विसर्जित करना चाहिए ()
 (घ) इनमें से सभी ()

10— मुनिया की शादी में बारातियों को—

- (क) खुला हुआ फल खिलाया गया ()
 (ख) साफ और स्वच्छ खाना खिलाया गया ()
 (ग) देर की रखी खुली हुई मिठाइयाँ खिलायी गयी ()
 (घ) इनमें से कोई नहीं ()

20—शरारत

प्रस्तुत कहानी पढ़कर नवसाक्षर महिलाओं को यह ज्ञान होगा कि —

- 1— बाहर की खुली हुई एवं बासी खाद्य पदार्थों को नहीं खाना चाहिए ।
- 2— खान-पान में पूरी स्वच्छता एवं सावधानी अच्छे स्वास्थ्य के लिए आवश्यक है ।
- 3— अच्छे स्वास्थ्य के लिए जल की महत्वपूर्ण भूमिका होती है अतः स्वच्छ जल पीना चाहिए ।
- 4— टायफाइड रोग के रोगाणु दूषित पानी, दूध और भोजन के सेवन से शरीर में प्रवेश करते हैं, अतः खान-पान में पूरी सावधानी जरूरी है ।
- 5— यात्रा के समय खान-पान में नियंत्रण रखना बहुत आवश्यक है ।

शरारत

बात है लखनऊ शहर की। एक बार जून के महीने में छात्रों की एक टोली नैनीताल घूमने निकली। विद्यालय की ओर से दो शिक्षक भी गए। रेलगाड़ी पर बैठने से पहले दोनों शिक्षकों ने छात्रों से कहा—हम लोग रेलगाड़ी से पहले काठगोदाम स्टेशन पहुँचेंगे, फिर वहाँ से बस पकड़कर नैनीताल जाएंगे। रास्ते में तुम लोग बाहर की खाद्य सामग्री बिल्कुल मत खाना। हमारे पास खाने—पीने की खाद्य सामग्री है, भूख लगे तो माँग लेना। इतना कहते ही गाड़ी आ गई और सब लोग गाड़ी में सवार हो गए। चार बच्चे



काफी शरारती थे, किसी भी स्टेशन पर उतर जाते और कुछ भी खरीद कर खा लेते। उन्होंने अपने शिक्षकों की बात बिल्कुल नहीं मानी। पाँच बजे गाड़ी काठगोदाम स्टेशन जा पहुँची। वहाँ जलपान करने के बाद सभी बस में जा बैठे। जैसे—जैसे बस ऊपर की ओर

विद्यालय के अतिथि गृह में ठहरने की व्यवस्था पहले से ही कर दी गई थी। चार दिन खूब मौजमस्ती करने के बाद सब लोग वापस लखनऊ पहुँचे।

एक सप्ताह बाद चारो शरारती बच्चे बीमार पड़ गए। इन लोगों को बुखार हो गया और इनकी नाड़ी गति भी धीमी हो गई। दस्त भी हो रहा था। इन बच्चों के माता पिता बहुत परेशान हुए और डॉक्टर के पास पहुँचे।

डॉक्टर साहब ने देखा और कहा—‘बच्चों को टायफाइड हो गया है’।

पूछे जाने पर बच्चों ने कहा—हम लोगों ने नैनीताल जाते समय कई स्टेशनों पर बिकनेवाले सामान खाये थे जैसे—समोसे, पकौड़ियाँ, जलेबी आदि, और प्यास लगने पर स्टेशन का ही पानी पिया था।’

डॉक्टर साहब—ये उसी खान-पान का नतीजा है। जो भी खाद्य सामग्री आप लोगों ने खाई थी, वह बासी था। जहाँ तुम लोगों ने पानी पिया, वह कई दिनों का जमा हुआ पानी था। पानी हमेशा स्वच्छ और ताजा पीना चाहिए।’

डॉक्टर साहब ने दवाईयाँ लिखी और बच्चों को कुछ सावधानियाँ बरतने के लिए कहा। उन्होंने बताया—

टायफाइड रोग के रोगाणु दूषित पानी, दूध और भोजन के सेवन से आहार नाल द्वारा शरीर में प्रवेश करते हैं। रोगाणु के शरीर में प्रवेश करने के दस से चौदह दिनों के बाद इसके लक्षण प्रतीत होते हैं। खान-पान में पूरी स्वच्छता तथा सावधानी अपनाकर इस रोग से बचा जा सकता है। तुम लोग यह ठान लो कि अब कभी भी बाहर की खुली खाद्य सामग्री नहीं खाओगे। पानी हमेशा स्वच्छ और ताजा पानी चाहिए। हमेशा अपने बड़ों की बात माननी चाहिए।

सभी बच्चों ने हामी भरी और सही इलाज और देखभाल से फिर ठीक हो गए।

कठिन शब्दों के अर्थ :

शरारत— बदमाशी, पाजीपन

प्रकृति— ईश्वर द्वारा रचित संसार

दृश्य — जो देखने में आ सके, देखने योग्य, मनोरम, सुन्दर

दूषित— खराब, जिसमें दोष हो

आहार नाल — खाने की नली

अभ्यास—

नीचे लिखे प्रश्नों के साथ चार विकल्प दिए हैं आपको जो सही लगे उसके सामने सही का चिन्ह लगावें —

1— बच्चों को कौन सी बीमारी हो गयी —

- | | | | |
|-------------|-----|----------------|-----|
| (क) मलेरिया | () | (ख) पिलिया | () |
| (ग) टायफाइड | () | (घ) न्यूमोनिया | () |

2— बच्चों की नाड़ी गति—

- | | | | |
|----------------|-----|-----------------------|-----|
| (क) तेज हो गयी | () | (ख) धीमी हो गयी | () |
| (ग) साधारण थी | () | (घ) इनमें से कोई नहीं | () |

3— यात्रा के दौरान—

- | | |
|---|-----|
| (क) बाहर की खुली चीजे खानी चाहिए | () |
| (ख) बाहर की खुली चीजों को जरूर खानी चाहिए | () |
| (ग) देर की रखी खुली हुई मिठाईयाँ खिलायी गयी | () |
| (घ) बाहर का बनाया हुआ या पकाया हुआ भोजन करना नहीं चाहिए | () |

4— टायफाइड होने का कारण है—

- | | | | |
|--------------------|-----|-----------------------|-----|
| (क) वायरस | () | (ख) जीवाणु | () |
| (ग) 'क' और ख दोनों | () | (घ) इनमें से कोई नहीं | () |

5— टायफाइड नामक रोग में—

- | | | | |
|--------------------|-----|-----------------------|-----|
| (क) बुखार | () | (ख) पेट ठीक नहीं रहता | () |
| (ग) 'क' और ख दोनों | () | (घ) इनमें से कोई नहीं | () |

6—कई दिनों के जमें हुए पानी को पीने से—

- | | | | |
|-------------------------|-----|---------------------------|-----|
| (क) कोई अंतर नहीं पड़ता | () | (ख) तबियत खराब हो जाती है | () |
| (ग) 'प्यास नहीं बूझता | () | (घ) नींद आती है | () |

7—नैनीताल—

- | | | | |
|--|-----|-----------------------|-----|
| (क) मध्य प्रदेश में एक पहाड़ी, सुन्दर जगह है | () | (ख) बिहार में है | () |
| (ग) उत्तरांचल में एक पहाड़ी, रमणीय जगह है | () | (घ) छत्तीस गढ़ में है | () |

8—टायफाइड एक—

- | | | | |
|--------------------|-----|---------------------|-----|
| (क) संचरणीय रोग है | () | (ख) असंचरणीय रोग है | () |
|--------------------|-----|---------------------|-----|

(ग) 'क' और ख दोनों () (घ) एक अभिशाप है ()

9- टायफाइड रोग के रोगाणु-

(क) केवल दूषित पानी के सेवन से आहार नाल द्वारा शरीर में प्रवेश करते हैं ()

(ख) केवल दूषित भोजन के सेवन से आहार नाल द्वारा शरीर में प्रवेश करते हैं ()

(ग) केवल दूध के सेवन से आहार नाल द्वारा शरीर में प्रवेश करते हैं ()

(घ) इनमें से सभी ()

10-टायफाइड रोग से बचने के लिए-

(क) खान-पान में पूरी स्वच्छता जरूरी नहीं ()

(ख) खान-पान चाहे जैसा भी कर लें ()

(ग) खान-पान में पोषक तत्व ही खायें ()

(घ) खान-पान में पूरी स्वच्छता जरूरी है ()

**ENGLISH TRANSLATION
OF
DEVELOPED CURRICULUM**

CURRICULAM

ON

HEALTH EDUCATION

(FOR NEO-LITERATE WOMEN)

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1. Unconsciousness

The neo-literate women can go through the following instructions related to health after reading the present story:

1. The meaning of balanced diet and its importance for health.
2. The nutrients in our food should be balanced and in fixed proportion.
3. Different nutrients have their different roles in relation to physical and mental health of human being.
4. Timely and well food habits is essential for good health.
5. We can have best diet bringing dexterity in food management.
6. Nothing is precious than health.

Unconsciousness

It started glooming when Shyamlal reached his home. He called his wife from outside of his home. Hearing her husband's call Sudha opened the door. Shyamlal moved straight away towards his bed and fell down on it without saying anything to his wife. Sudha got disturbed with this. She said to her elder daughter Meenu, "Go and call the doctor from the village hospital.

Meenu immediately took Dr. Trivedi to her home. After basic treatment doctor said, "he will be all right."

Doctor - Shyamlal, how all this happened?

Shymanlal - Doctor, when I was coming back to my home after selling all my vegetables I fell dizzy. It was too hot today. When I reached home, I fell down on bed and become unconscious. After that I don't know what happened.

Doctor - OK, what you took in the breakfast today?

Shyamlal - Like everyday I took bread and veg-curry at around 10 clock in the morning before leaving the home. Then after I could not get time to take any thing till evening except a cup of tea.

Doctor - You seem to be careless. Because of improper diet all this happened. You need to take a nutritious diet to work properly.

Shyamlal - What is this nutritious diet?

Doctor - A nutritious diet fulfil and the requirements of your body. A nutritious diet contains vitamins, proteins, minerals, carbohydrates etc. which are very essential for our body to work properly.

Shyamlal - From what sources we can get these nutritious elements?

Doctor - Milk, meat, fish and pulses contain protein in them in excess. An average person needs 50 to 60 gm of protein everyday. Our body gets carbohydrates from bread, rice, potato etc. Every day requirement of

carbohydrates for an adult is 400-500 gm. OK, tell me what do you like, butter or *ghee*. They provide us energy.

Shyamlal - I like butter and *ghee* but I can't buy because of little income. Sometimes I take milk.

Doctor - You should take milk everyday. You can make *ghee* from cream. And *ghee* is full of fat which gives us energy. An everyday diet should contain at least 75 gm of fat. Besides this proteins and minerals are also important nutritious elements. Spinach and other green vegetables are full of minerals. So, you start taking a nutritious diet. You will restore your health soon.

Shyamlal thanked the doctor for his precious advices. When Shyamlal asked the doctor for his fee. "He said first you get well and then pay the fee".

Then after Shyamlal started following the advices given by the doctor. Slowly Shyamlal recovered from weakness and his wife Sudha also became healthier.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be correct among them.

1. Why did Shyam Lal become unconscious?
(a) Due to a blow () (b) Due to pain ()
(b) Weakness () (d) Very few ()
2. Have a meal which is-
(a) Balanced () (b) Unbalanced ()
(c) In large quantity () (d) Very few ()
3. Balanced diet is-
(a) All diets () (b) Diet rich in fish or meat ()
(c) Vegetarian () (d) Diet rich in all other nutrients()

4. What is drawn from fats of milk-

(a) Curd	()	(b) Ghee	()
(c) Sweets	()	(d) Not any one	()
5. Protein is found

(a) In bread and rice	()	(b) In meat, fish, pulse(()
(c) In spinach	()	(d) In curds	()
6. How much protein per day a common man needs to have-

(a) 80-90 gm	()	(b) 55-60 gm	()
(c) 25-30 gm	()	(d) 20-40 gm	()
7. The main source of energy is -

(a) Fats	()	(b) Proteins	()
(c) Vitamins	()	(d) Iron	()
8. Have a meal which is -

(a)	()	(b)	()
(c)	()	(d)	()
9. Drink water -

(a) Plenty of	()	(b) Less	()
(c) With meal	()	(d) In the morning and evening(()
10. In which diet we get maximum type of nutrients ?

(a) Fish and meat	()	(b) Rice and bread	()
(c) Milk	()	(d) Fruits	()

2. Look after

The following knowledgeable and beneficial aspects of health could be understood by the neo- literates after reading this story-

- (1) The children must be given diets with all nutrients so that their physical and mental development could be taken properly.
- (2) Which nutrient is found in what type of specific food item?
- (3) The simple meal also has essential nutrients.
- (4) What are the roles of different nutrients in ensuring complete health of children?
- (5) Body should be cared since childhood.

Look after

Girdharilal was returning from his office. On his way back to his village he saw two children sitting quietly under a tree. Both children were breathing heavily.

Girdharilal - What are you doing here?

Children - (in broken speech) we both are coming back from our school. We can't walk anymore because of sharp ache in our legs.

Girdharilal took them on his bicycle. He asked one of them, what is your name?

"Ravi", Elder boy said.

Girdharilal- Young boy, what is yours?

"Sohan", he replied

Girdharilal - What does your father do?

Ravi - Our father's name is Sanjay Prasad. Ravi and Sohan took Girdharilal to their home. Their mother was eagerly wanting for them. Girdharilal dropped the children at their home and expressed his wish to meet their father.

'He is not present right now', said the mother.

Girdharilal - OK, please tell him to meet me tomorrow morning at 7 'o' clock at village leader's (Mukhia's) home.

When Sanjay came back from his work place, his wife told him, "Today Mr. Girdharilal dropped the children here and wanted to meet you." He told that you (meet) him at Mukhia's home tomorrow morning at 7 o' clock.

Sanjay reached Mukhia's home on time. Mukhiaji Mr. Girdharilal, and other members of the village committee were already present there.

Girdharilal to Sohan - Brother Sanjay, you are not looking after your children and you are not taking care of their health properly.

Sanjay - What happened Mukhia ji?

Girdharilal - Your both the children are unhealthy and are very weak. Yesterday, I saw them when they were coming back from their school. They were unable to walk even and they were breathing heavily. They need a proper medical treatment that too very early. Don't be so lazy and careless.

Sanjay - (realizing his carelessness) Thanks for giving this vital advice. I assure you that I will take them to doctor immediately.

After coming back to home Sanjay asked his sons about their illness. Ravi and Sohan told their father all the problems that they face.

Sanjay took them to Doctor Ramesh. The doctor started enquiring about their problems.

Doctor - What happened son?

Ravi - I feel sharp ache in my legs, frequently and also headache.

Doctor - You also feel so? (to the younger boy)

Sohan - yes, doctor

“OK son! You go outside, doctor said to Sohan and Ravi”

Doctor said to Sanjay, “Your sons are suffering from beri-beri decease. This happens because of the lock of thiamin. Thiamin is a vitamin”. I am prescribing some medicine; give it to yours sons on time. You should also take care of the diet of them. Try to give them a nutritious diet also. A nutritious diet fulfill all the needs of a human body. Like, we should take milk everyday.

Sanjay - Why? •

Doctor - Milk is full of proteins and other healthy elements. Milk keeps our body fit.

Sanjay - From what sources me can get proteins?

Doctor - Milk, egg, meat, fish, pulses and soyabeans are full of proteins. We should take all of them in proper quantity. Vegetarian people may take, *ghee*,

butter, milk at least once in a day. In fruits we should take banana to get iron which gives energy to our body.

Bread, rice, green vegetables provides carbohydrate to our body. So, a nutritious and balanced diet means a proper quantity of nourishing food which can fulfil the needs of our body.

Doctor - OK Sanjy, how you can go and do take care of your sons. You meet me after some day.

Sanjay - Thanks doctor!

Sanjay went back to his village. By giving medicine on time and nutritious diet the children recovered their health soon.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be correct among them-

1. The children were suffering from -
(a) Jaundice () (b) Measles ()
(c) Beri-beri () (d) Tuberculosis ()
2. The lack of vitamin which causes beri-beri is-
(a) Vitamin A () (b) vitamin B ()
(c) Vitamin D () (d) Vitamin C ()
3. In which food minerals are found?
(a) Green vegetables() (b) Pulse ()
(c) Eggs () (d) Soya beans ()
4. Which nutrient is essential for body growth?
(a) Iodine () (b) Vitamin ()
(c) Protein () (d) Iron ()

5. Which nutrients is found in banana?

(a) Vitamin	()	(b) Protein	()
(c) Iron	()	(d) Not any one	()
6. Which food is the richest source of protein-

(a) Soya beans	()	(b) Pulse	()
(c) eggs	()	(d) Meat	()
7. The meal should be rich in-

(a) Vitamins	()	(b) Proteins	()
(c) All nutrients	()	(d) Iron	()
8. The minimum content of fats in our meal should be-

(a) 40 gm	()	(b) 75 gm	()
(c) 20 gm	()	(d) 30 gm	()
9. The per day requirement of carbohydrates for man is-

(a) 400-500gm	()	(b) 200 gm	()
(c) 300gm	()	(d) 100 gm	()
10. Have a meal-

(a) As per hunger	()	(b) More than hunger	()
(c) Less than hunger	()	(d) Anytime	()
11. Why the children were unable to walk?

(a) Due to ache	()	(b) Due to fever	()
(c) Due to weakness	()	(d) Not any	()
12. It is good to have at bed time-

(a) <i>Ghee</i>	()	(b) Water	()
(c) Milk	()	(d) Not any one	()

3. Stomach is not a box

The neo- literate women will be able to know the following informations after reading this story-

- (1) Body of a human being requires balance diet.
- (2) Human body needs balance or fixed proportion of nutrients.
Diets more or less than requirement adversely affects health.
- (3) Human stomach is not a box which can be fully packed with whatever and whenever one wants. This is part of a machine like human body which requires balanced diet.
- (4) A diet full of a particular nutrient can not be a balanced diet.
- (5) Diet with variety of nutrients in a certain proportion is said to be balanced diet.

Stomach is not a box

There lived a man named Sohan in the vicinity of a village. He had one son and one daughter. Sohan was very labourious and he had earned a lot of money by working day and night.

Sohan was of the opinion that excessive consumption of meat and fish is the only reason behind good health for a person. He always used to take meat and fish everyday and he also used to force his children to eat meat and fish. Besides this he also used to take *ghee* and butter every day. He used to say for being healthy we all should take these.

In contrast to this his wife used to take only rice, vegetable and pulses instead of meat, fish, *ghee* and butter.

As a result of excessive fatty food Sohan and his children started gaining fat and weight. Sohan became dull and his working efficiency started decreasing. Children used to sleep more than to study. Sohan's wife also became weak.

There was a doctor named Shankar in his neighbourhood. One day Sohan went to doctor Shankar and said, "Doctor, I spend a lot of money on food so as to take care of my wife, my childrens' and my own health. But I don't feel healthy from inside. I face more difficulty while working than earlier. I feel tired all the time although I take a proper diet and take meat and fish in good quantity."

Sohan's wife said, "I do not take meat and fish rather I take rice, pulses and vegetable but still I feel weak and unhealthy."

Doctor Shankar told both of them that our stomach is not a box or trunk. We can not fill our stomach like we put things in a trunk. We should take food in proper quantity and on proper time.

Doctor said to Sohan, "look Sohan, we get carbohydrate and protein from rice, meat, fish and fat from *ghee* and butter, when we take all these in excess we

start gaining fat that leads to the rise in our weight. We should take all these in proper quantity so that our body can absorb all the proteins, minerals and carbohydrates properly. Besides meat, fish, butter we should also take milk, *ghee* vegetables, fruits in proper quantity.”

Sohan and his wife both were listening to doctor’s advises very carefully. Doctor pointing towards Sohan’s wife said, “look sister, by taking only rice and vegetable your body can get only some quantity of carbohydrates, vitamins and minerals. But our body also needs, protein, iron, calcium, fat etc. So, we should take a proper and nutritious diet which can provide all the elements which are essential for health. Besides a good diet we should also take fruits, milk etc.”

Sohan and his wife thanked the doctor and said, “ had we not come to you we wouldn’t have received these wealthy advises from you, Thank you Doctor.”

Doctor: Well this is my duty to tell others about their health and to guide them. Oh yes! One more important thing that you must remember that taking food in excess is never a reason behind good health rather a nutritious and proper diet is responsible for a good health.

Sohan and his wife took the doctor’s advises seriously and started following them. They tried to their best levels to improve the quality an quantity of the food according to the doctor’s advise. And very soon all the family members recovered their health back and were living happily.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be correct among them-

1. What does Sohan eat every day?

- | | |
|------------------------------|--------------------------|
| (a) Vegetarian food () | (b) Fruits () |
| (c) Non-Vegetation () | (d) Not any one () |

2. Fruits should be taken
 - (a) For minerals and vitamins ()
 - (b) For fats ()
 - (c) For proteins ()
 - (d) For nothing ()
3. Which nutrient we get from rice.
 - (a) Protein () (b) Calcium ()
 - (c) Carbohydrates () (d) Fats ()
4. What does Sohan's wife take in her meal?
 - (a) Only rice and vegetables () (b) Bread and pulse ()
 - (c) Milk bread () (d) Nothing ()
5. A diet should have-
 - (a) All nutrients () (b) One nutrients ()
 - (c) Two nutrients () (d) Three nutrients ()
6. Green vegetables consist of-
 - (a) Proteins () (b) Minerals and vitamins ()
 - (c) Iron () (d) Fats ()
7. Sohan's neighbour was-
 - (a) Doctor Tiwari () (b) Doctor Shanker ()
 - (c) Doctor Ramesh () (d) Doctor Ram ()
8. We get from *Ghee* and butter -
 - (a) Fats () (b) Calcium ()
 - (c) Vitamins () (d) Nothing ()
9. We get- from pulse -
 - (a) Fats () (b) Carbohydrates ()
 - (c) Proteins () (d) Nothing ()

10. For stronger teeth, it is essential to have-
- | | | | |
|--------------|---------|-------------|---------|
| (a) Proteins | () | (b) Calcium | () |
| (c) Fats | () | (d) Nothing | () |
11. We get calcium in-
- | | | | |
|--------------------------------|----------|-----------|---------|
| (a) Fruits and vegetables() | (b) Eggs | () | |
| (c) Meat | () | (d) Pulse | () |
12. Body needs-
- | | |
|---------------------------------|-------------------------------------|
| (a) Balanced diet on time () | (b) Unbalanced diet on time() |
| (c) Any diet at over time() | (d) Every non-vegetarian foods() |

4. Vimla's Swear

The neo-literate women can go through the following informations after reading this story-

1. Mother's milk is a complete and balanced diet for new born babies.
2. Breast-feeding is very important for health of both mother and new-born babies.
3. The girls should be married only after obtaining full maturity, otherwise, neither mother nor baby shall have good health.
4. The importance of balanced diet could be understood by women .
5. Woman shall get a lesson that breast feeding does not deteriorate their health, rather it is advantageous to them.

Vimla's Swear

Vimla got married in her early young age. When he got married she was only fourteen years old. She was not mature enough neither mentally nor-physically to be married.

After two years she gave birth to a baby boy. But she didn't used to feed him through breast. She used to think that if she feed him through her breast she would become more weak. Vimla was not so healthy.

She used to take food once in a day and that too only bread and some vegetable curry. Vimla's husband runs a shop in the town and used to come home late night.

He also ignored the health of his child. As a result their son started losing his health and ultimately his legs got shrunked inside from the knees.

On consulting to a doctor it came to know that because of the lack of vitamin D, the bones of the child could not develop properly and hence the child suffered from the disease called Ricket.

Doctor asked Vimla, "Vimla, do you feed your baby through your breast?"

Vimla replied slowly, "No! I used to him with cow milk.

Doctor: If you have had feed your baby through your breast there wouldn't have been occurred a situation like this. Breast feed is ultimate diet for a new born baby. It keeps fit both mother and baby.

Vimla:- I did not know all these things and I, only, am responsible for all this.

Vimla realized and accepted her mistakes.

Doctor - Its OK, at least you have realized your mistakes and try not to repeat this again in future. You need a nutritious diet. Our baby is like a machine, which works properly till you take care of it. Your diet must include things which have protein, fat, carbohydrate, vitamin, minerals and water etc. Milk is

also very nourishing. It is full of protein, fat, minerals etc. You should also take fruits and green vegetable, which are full of vitamins and minerals.

Vimla - I swear, now I will bellow your instructions so that I can take care of the health of my baby.

After some days a three day Health Education fare was organized at the Adult Education Centre of the village. Dr. Lata from city hospital visited the fare and guided the village women about breast feeding and its benefits. Vimla also decided to tell and make aware all the women of the village about the benefits of breast-feeding.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be correct-

1. What was the age of 'Vimla' at the time of her marriage?
(a) 18 years () (b) 16 years ()
(c) 20 years () (d) 14 years ()
2. The child was suffering from which disease-
(a) Rickets () (b) Beri-beri ()
(c) Fever () (d) Jaundice ()
3. The lack of which vitamin causes Rickets -
(a) Vitamin B () (b) Vitamin C ()
(c) Vitamin D () (d) from nothing ()
4. Why does mother's milk required for a baby?
(a) It is a complete diet() (b) It is sweet ()
(c) It saves money () (d) No need ()
5. Vimla was a lady-
(a) Educated () (b) Illiterate ()
(c) Literate () (d) Not any ()

6. Which part of the baby does not get complete shape and structure due to lack of Vitamin D
- (a) Bones () (b) Muscles ()
- (c) Blood () (d) Nothing ()
7. The girl should marry at the minimum age of
- (a) 20 years () (b) 15 years ()
- (c) 18 years () (d) at any age ()
8. For baby's health, mother's health is-
- (a) not important () (b) Important ()
- (c) Not always () (d) Not any one ()
9. What happened to Vimla's child
- (a) Hand factured () (b) Head smashed ()
- (c) legs were bent from knee () (d) Nothing ()
10. How shall mother's health be secured?
- (a) by vegetarian diets () (b) from any diet ()
- (c) by balanced diet () (d) Non vegetarian diets ()
11. Infant's health depends upon -
- (a) Mother's health () (b) Father's health ()
- (c) Family health () (d) Any body's health ()
12. The family is happy which is-
- (a) Small family () (b) Big family ()
- (c) Middle family () (d) Any family ()

5. Laziness

After reading this story the neo-literate women shall gain the following knowledge-

1. Meal should be home cooked or self-cooked.
2. Meal cooked in hotels without any hygienic precautions, is generally the cause of various diseases.
3. To cook food hygienically some important precautions should be followed.
4. Fresh meal is very important for body, otherwise, the consequences shall be opposite to health.
5. Health has significant relation with hygiene.
6. Lazyness is devilish.

Laziness

It was very cold and it seemed that all the water would be freezed. After waking up Salama said to her husband Karim, “Today I don’t even want to touch water, its very cold today. So, I will not cook food today. You bring some food from the road side hotel of Salim.

Karim replied, “The food cooked at these road side hotels is unhygienic and it can make you fell ill.

Salma replied with irritation, “The whole world is taking food from hotels, they don’t fell ill. So, how can we?

Karim could not satisfy his wife and went outside to buy food. Karim had two children – Jameel and Swaleha. After feeding her children Samla said to them, “Don’t go outside, it is very cold.” The children straight away went to their bed and lay down on it, After half an hour both the children started feeling ache in their stomach and started vomiting. Salma became afraid, Karim was also not there. She quickly called a hereby doctor named Naseem. The doctor immediately gave them some medicines and prescribed some others. After some time when the children started recovering, the doctor asked them, “what you two took in the morning? Did you take food from some hotel?

Salma replied. “Yes, today we bought food from hotel.

Doctor Naseem said, “ how can you be so lazy that you can’t cook food, this does not suit you”. All the road side hotels prepare food unhygienically which is very harmful for health. They don’t take of even basic and simple things like washing vegetables before cooking them. They are the most careless people. Had you not called me so early it would have been too late to save your children? They would have suffered from diarrhea.

Salma replied, "I am feeling ashamed. I became very lazy and now I am realising my fault. I promise you that it will not happen in further".

In the evening when Karim came back, then Salma explained him all the things. Hearing this Karim became angry and said to Salma, "I had told you before all this but you did not follow me. Thank god who saved our children's lives. Now we will not buy food from any roadside hotel.

He instructed Salma that you take care of hygiene while cooking food. Use fresh and clean water for cooking food and washing vegetable, rice, pulses etc. very carefully Salma replied, " yes, of course. I will take care of all these things and will cook food properly with patience.

Karim said (with smile), " when you know all the things then why so lazy? Laziness is a very bad thing.

Exercise

Four options have been give with the following questions. Please give a tick mark to that option which you suppose to be correct among them-

1. You should be-

- | | | | |
|----------|---------|-------------|---------|
| (a) Lazy | () | (b) Active | () |
| (c) Both | () | (d) Nothing | () |

2. Salma -

- | | |
|-------------------------|---------|
| (a) Cooked food herself | () |
| (b) Got from hotel | () |
| (c) Got from neighbour | () |
| (d) Nothing etc. | () |

3. Have a meal of outsides only when-

- | | | |
|--|---------|---------------------------------|
| (a) It is kept open | () | (b) It is kept at a dirty place |
| (c) It is kept at a hygienic place and covered | () | |
| (d) It is any where kept | () | |

4. Have a meal which is -

(a) Staple	()	(b) Raw	()
(c) Fresh	()	(b) Not any thing	()
5. Have a meal of outsides-

(a) Seldom	()	(b) Never	()
(c) Always	()	(d) At visit	()
6. Meal Should be -

(a) Half cooked	()	(b) Fully cooked	()
(c) Raw	()	(d) Not any one	()
7. After having meal what happened to children -

(a) They felt drowsyness	()
(b) They suffered from stomach pain	()
(c) Headache	()
(d)Pain is legs	()
8. Cleanliness is must while cooking because-

(a) Dirt infects meal	()	(b) For good look	()
(c) Dirt causes God's anguish	()	(d) Everyone likes it	()
9. Vomiting, stomach pain and frequent motion are the symptoms of which disease?

(a) Malaria	()	(b) Diarrhoea
(c) Jaundice	()	(d) Fever
10. While cooking your attention should be on-

(a) Cooking	()	(b) Children	()
(c) Television	()	(d) Not any thing	()
11. To be at home and have a meal from hotels-

(a) Does not suit a woman	()	(b) Never suits a woman	()
(c) Suits seldom a woman	()	(d) Does not suit seldom a woman	()

6. A Unique Boy 'Suraj'

After reading this story the neo-literate women shall gain the following knowledge-

1. For good health few important instructions must be kept in mind and should be followed in practice.
2. Only good foods do not contribute for good health, but improvement in life style is also essential.
3. Proper ways of cooking food should be followed.
4. Hygiene is directly related with life.
5. Health needs regular care as to keep body fit.

A. Unique Boy - Suraj

Like every year 'Raja Jai Singh Higher school was preparing to Celebrate World Health Festival (7th April) this year too. This school invites uneducated people to make them aware about health precautions. Nearly one week before the principal announced that student of class IIIrd, IVth, and Vth, will give lecture to the people and said talk about "How we should eat food and why is it important for good health?"

The participants were Ajay, Ravi, Sunil, Sunita, Priya and Suraj.

On 7th April the program started. All the participates gave their lecture one after another but Suraj, a class fourth student, influenced everyone by giving his lecture without saying any thing rather he conveyed all the message through actions. And the more influencing thing was that his actions were clearly conveying the message what he wanted say. Suraj made things more transparent and convey the message that its not enough to know what is good and what is bad habits but to acquire good ones and discard bad ones. He shared following things through actions.

- We should brush our teeth properly everyday and should take bath daily.
- We should cut our nails regularly and should keep them clean.
- We should wash our hands before taking food.
- We should chew food properly before swallowing it. This helps to digest food easily. We should not take much water while taking food rather should take wafer after sometime which is healthy.
- Food which is not cooked properly or kept open for long is not food for health.

It is important to have food on time and a nutritious diet is good for health etc.

People liked the method of Suraj to convey message without saying anything and it was also entertaining and was full of teachings. Suraj won the first prize for his brilliant performance.

Exercise

Four portions have been given with the following questions please give a tick mark to that option which your suppose to be correct-

1. On which day the 'World Health Day' is marked
(a) 10th May () (b) 4th May ()
(c) 7th April () (d) 5th April ()
2. Before having meal, cleaning is must-
(a) of hands and teeth() (b) of hands ()
(c) of teeth only () (d) nothing ()
3. Nail cutting and its cleaning is-
(a) Always essential () (b) Essential sometimes ()
(c) Never essential () (d) Not any one ()
4. With a gap of little time after meal-
(a) Drink water () (b) Do not drink water ()
(c) Water is not require () (d) Drink any time ()
5. Having open, half cooked or stale food-
(a) is good for health() (b) is not good for health ()
(c) is not harful () (d) not any one ()
6. Have a meal-
(a) unbalanced and on times () (b) Balanced and on time ()
(c) Any time () (d) unbalanced ()

7. Before break fast it is must-
- (a) Cleaning of legs () (b) Cleaning of hand ()
- (c) Cleaning of hands and teeth() (d) not any one ()
8. Who was unique among boys-
- (a) Ravi () (b) Manoj ()
- (c) Suraj () (d) Sohan ()
9. Raw food causes -
- (a) Stomach disorders () (b) Headache ()
- (c) Pain in legs () (d) Nothing ()
10. Health will be fine-
- (a) If we take any kind of food ()
- (b) If we take fully cooked food kept in hygiene ()
- (c) If we take half cooked food ()
- (d) If we take raw food ()

7. The Guilt

The neo-literate women shall gain the following knowledge after reading this story-

1. To be very vigil in preparing and getting food is very important.
2. Prevention from infected food is necessary for a person and the children.
3. The hygiene of food and body are deeply related to health.
4. Health and hygiene are complementary to each other.
5. In any mental and physical ailment, concern to a doctor immediately.

The Guilt

One day Radha, Mohan, Sonu and Sonal went to see a fair. They all enjoyed a lot there. After some time they felt hunger then Mohan said, “ Lets go and have *Chaat!*”

When all started moving then Radha said, “ Don’t you people know that our teacher has forbidden us to take chaat from road side vendors. It is highly unhygienic and very dangerous for health. The people who prepare this also don’t take care of cleanliness.”

But nobody listened to Radha and all of them moved towards the *chaat* vendor and took chaat.

The next day when Radha reached school then she saw that all of her friends were absent. While returning from school Radha went to Mohan’s home and saw that he was ill. His neighbours Sonal and Sonu were also fell ill.

Mohan’s mother said, “I think he took *chaat* at the fair and fell ill. Last night when his condition started falling I quickly took him to the Panchayat Bhawan’s doctor’s home. He said that all the four have suffered from an infection. After having that unhygienic *chaat* they all fell ill. Now as you are here, you came with me to the doctor’s home. I also have to take medicine from him.

As soon as Radha reached doctor’s home the doctor asked her, “you were also with them?

Radha - Yes! But I did not take *chaat*.

Doctor - That’s good, that means you are intelligent. The *chaat* was prepared unhygienically.

Mohan’s mother and Radha came back after taking the medicine. After taking medicines you two days Mohan restored his health. Sonu and Sonal also

recovered themselves. All of them joined the school back. One day when Radha did not reach school then all started worrying about her because she never used to take a break. Radha had fallen ill.

Her mother told, “For the last two days she is suffering from loose motion and vomiting. She has become very weak”. Radha’s mother was curing her through home (local) treatment. Looking at her condition Shambhunath, her school teacher, called the doctor.

Doctor asked, “Has she taken market food or yesterday’s food?”

Radha’s mother replied, “Yes, yesterday morning I gave her state food.

Doctor - It’s very hot these days and still you gave her state food. You should not repeat this in future. In this season the food which is kept for long gets infected. Give this medicine to her immediately and give her fresh food according to her will.

Radha’s mother was feeling guilty on her mistake. Her mother decided not to repeat this in future, with proper treatment and care Radha recovered very soon.

Exercise

Four options have been given for the following questions. Please give a tick mark which you suppose to be correct.

1. Radha forbade her friends to eat-
(a) Sweets () (b) Fruits ()
(c) *Chaat* () (d) Nothing ()
2. Why did the teacher forbid to take open food-
(a) It is tasteless () (b) It is not sweet ()
(c) It causes disease () (d) It is bitter ()

3. Which is attracted to open food?
 (a) Beas () (b) flies ()
 (c) Insects () (d) Nothing ()
4. Why did Mohan, Sohan and Sonal not go to School?
 (a) They were playing() (b) They were walking ()
 (c) they were sick () (d) Without reason ()
5. Chat that was eaten by the students-
 (a) Was infected () (b) Was very delicious ()
 (c) Was bitter () (d) Not any one ()
6. What was the name of the teacher?
 (a) Ramlal () (b) Shyam ()
 (c) Shambhunath () (d) Pyarelal ()
7. Care of hygiene while cooking is-
 (a) Not essential () (b) Is essential ()
 (c) Sometimes essential() (d) Not any one ()
8. By taking which food Radha fall in sick-
 (a) *Chaat* () (b) Fruits ()
 (c) State food () (d) Fresh food ()
9. If you feel hunger and you are away from home them you should prefer to -
 (a) Take chat () (b) take fruits ()
 (c) Open and unhygienic () (d) Nothing ()
10. Those who take balanced diet and are careful of hygiene
 (a) They are sick () (b) They are healthy ()
 (c) They are in pain () (d) Not any one ()
11. 'Nothing is precious than health' this statement is
 (a) Absolutely correct() (b) True sometimes ()
 (c) Wrong () (d) Wrong sometimes ()
12. Who regretted?
 (a) Radha () (b) The teacher ()
 (c) Radha's Mother () (d) Not any one ()

8. Costly is not always worthy

The neo-literate women shall gain the following informations regarding health after reading this story-

1. For complete (balanced) diet, the diet needs not be expensive.
2. A simple food having variety of nutrients in required amount can be taken as a balanced diet.
3. Wrong conceptions regarding food must be avoided and the actual meaning of balanced diet must be understood.
4. Every nutrient has its specific role for the body.
5. The gifts of nature are impartial with the people of high or low profit, the rich or poor, if there is skillful knowledge, then nutrition could be drawn from any simple natural product.
6. Varieties of fast foods must be avoided.

Costly is not always worthy

Neetu was from a simple family and Sudha was her best friend. Both of them were studying in class 7th at Girls School, Rampur. She used to stand first in her class and was very active in curricular activities at her school. Sudha was from a rich family but her physical fitness was not so good and she used to stay behind in competitions. Sudha's mother was very worry about her. One day when she met Neetu's mother she said, "I don't know why but I serve the best of foods to my daughter but still she is so weak". Neetu's mother replied, " this is not so that it you eat costly food you will become healthy rather the food should contain nutritious elements which one good for health. We should always take and proper and balanced diet.

Sudha's mother asked, "what is a balanced died?"

Neetu's mother replied, " A balanced diet contains, protein, vitamin, fat, carbohydrate, minerals and water. A balance diet helps on mental and physical growth.

After hearing this Sudha's mother said, "then a balanced diet must be very costly." To have all these nutritions elements is a diet it would costly"

Neetu's mother replied, "with a smile," No, not of all! Simple food like bread, rice, pulses, and vegetables, in fruits banana, apple etc. contain all of the nutritious elements. Milk, egg, meat, fish, soyabeen, pulses etc are full of protein. You should give a glass of milk to Sudha before going to bed. This will fulfil the need of fat, protein and minerals.

In vegetables spinach provides us iron which is on important mineral. Banana also contains iron. And one more thing, always use iodized salt. Iodine is also an important mineral. Green vegetables are very important for vitamins and minerals. So, it would be wrong to say that a balanced diet is costly. You must

be aware that today many kind of fast foods are available in the market. They are very costly and still not good for health. So, simple food is the best. After listening to all this Sudha's mother said, " Thanks a lot." Today whatever you have taught me is really precious. I will follow all the things that you have told me."

Sudha's mother tried her best to change the eating habits of Sudha. Now she started giving nutritious diet to all the family members on proper time. She herself started taking it also. Slowly Sudha's health started improving and her family members also became health.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which your suppose to be correct:

1. Who was healthy, either Sudha or Neetu?
(a) Sudha () (b) Neetu ()
(c) Both () (d) Not any one ()
2. Why Sudha's mother was worried?
(a) Sudha was sick () (b) Sudha was very weak ()
(c) Sudha was handicapped () (d) Not any one ()
3. Neetu always-
(a) fail in exams () (b) pass in exams ()
(c) stand first in exams() (b) stand second in exams ()
4. What is found in vegetables and fruits?
(a) Protein () (b) Minerals and Vitamins ()
(c) Iron () (d) Not any one ()
5. Balanced diet-
(a) Is expensive () (b) Is cheap ()
(c) Is found in simple() (d) Not any one ()

6. Good food means -
- (a) Which is expensive () (b) Which is cheap ()
- (c) Non vegetarian food () (d) Which is balanced ()
7. We get from pulse -
- (a) Fats () (b) Proteins ()
- (c) Vitamins () (d) Nothing ()
8. We get from guava -
- (a) Fats () (b) Vitamins ()
- (c) Carbohydrates () (d) Minerals ()
9. Always use salt which is-
- (a) Fat less () (b) Rich in protein ()
- (c) Iodised () (d) Simple ()
10. What do we not get in milk-
- (a) Fats () (b) Protein ()
- (c) Vitamins () (d) Carbohydrates ()
11. We get a balanced diet-
- (a) From rice, pulse and fruits ()
- (b) From simple diet having bread, rice, pulse, vegetables ()
- (c) From bread/rice and vegetables ()
- (d) From bread and sweets ()

9. Carelessness

The neo-literate women would gain following knowledge after reading this story-

1. It is injustice to the body to become careless in maintaining health.
2. Proper use of available resources assists in obtaining balanced diet.
3. For balanced diet, what are the important nutrients?
4. A diet with only a particular nutrient in excess could not be said a balanced diet.
5. A man has to suffer from mental, social, economical and physical problems, if he becomes lazy and dull.

Carelessness

Mohan was a resident of Azadpur. He was a prosperous man. He has a big plough field and was a owner of large land area. He also had a tractor for ploughing. He used to get good prize for his grain.

Mohan had a large family and as the time kept on passing his family size also kept on increasing. With time Mohan became lazy. He stopped ploughing regularly. As a result the quantity of grain started decreasing and whatever quantity he used to grew up were consumed by his own family his consummated. He was unable to sell his grain in the market slowly he started loosing his wealth and even his fields became unploughable. At last he left the village and went to the city. There he joined a cloth shop and started working. Mohan's elder son also started earning.

One day Mohan's wife fell ill. On consulting to a doctor it came to know that his wife's body is running short of blood. And all this happened because of casual attitude towards health. She had last all her fitness and health.

Doctor asked, "Doesn't she take nutritious food daily?"

Mohan (in a crying voice) said, "Doctor, once we used to take good food, but as we have lost everything. A nutritious diet must be costly. "How we can take a nutrition diet?"

Doctor replied, "What do you think of a good diet and food?"

Mohan: Fish, meat, *ghee*, butter etc.

Doctor: You are absolutely wrong while this is correct that these are part of a good diet and they contain nutritious elements too like protein, fat etc. But this cannot be balanced diet all alone. A good diet means balanced diet. You must know that day-today life eatable collectively make a balanced diet. For

example rice, bread and pulses provide us protein and carbohydrates. Green vegetables and fruit provide us vitamins and minerals.

Doctor asked, “ OK, tell me you people take milk or not?

Mohan: No, Doctor! We buy milk for my youngest daughter and rest of my children drink tea a lot. That’s why milk seldom left for us.

Doctor: it would be better if you all don’t take much tea instead you can take milk your health. Excessive consumption of tea is not good for health. You can save money from this and can spend it on milk. Your wife must take at a glass of milk daily because milk is full of proteins and minerals and other elements.”

Mohan was very much enhanced by the advises given by the doctor. He also got the real meaning of a good diet. You can make your would more beautiful by proper utilization of money. Mohan started fallowing doctors advises. By making changes in his wife’s diet she started improving. All other family members also started taking a balanced diet which helped them improving their health.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be correct.

1. Mohan’s wife was sick due to carelessness and she was in lack of
(a) Muscle () (b) Blood ()
(c) Eye-sight () (d) Not any one ()
2. Which nutrients we get from meat and fish?
(a) Only fats () (b) Only proteins ()
(c) Proteins & fats () (d) Iron ()

3. Which nutrient we get from bread and rice?

(a) Carbohydrates ()	(b) Fats ()
(c) Iron ()	(d) Protein ()
4. Mohan's family was taking much of-

(a) Milk ()	(b) Tea ()
(c) Juice ()	(d) Water ()
5. Avoid excess of-

(a) Juice ()	(b) Milk ()
(c) Tea ()	(d) Water
6. We get from butter-

(a) Fats ()	(b) Iron ()
(c) Calcium ()	(d) Carbohydrates ()
7. When the family is large-

(a) The per head expense increases ()	
(b) The per head expense decreases ()	
(c) It does not affect ()	
(d) Not any one ()	
8. We get from balanced diet-

(a) Few nutrients ()	(b) Two nutrients ()
(c) All required nutrients ()	(d) Nothing ()
9. For beauty of body the most essential is-

(a) Silver-ornaments ()	(b) Gold ornaments ()
(c) Good clothings ()	(d) Good health ()

10. If your earning is sufficient,
- (a) Wear excuse jewellery ()
 - (b) bery land ()
 - (c) First spend on health and education ()
 - (d) Distributor money ()
11. We shall be away from disease, if we get-
- (a) Unbalanced died hygienically ()
 - (b) Non-vegetarian diet hygienically ()
 - (c) Balanced diet hygienically ()
 - (d) Vegetarian diet hygienically ()
12. If we are not lazy, we are educated and take care for good food habits then-
- (a) We get balanced diet by spending low ()
 - (b) We get unbalanced diet by spending low ()
 - (c) We get balanced diet by spending high ()
 - (d) Any one ()

10. Ayesha has Grown up

The neo-literate women shall know the following knowledgeable and fruitful informations after reading this story-

1. The work of food preparation should be done in a systematic manner instead of cooking it without proper care.
2. Meals are not carefully prepared, it will be harmful to health.
3. Preparing food without some precautions and taking it can hurt your health severely.
4. Keeping total care and precautions in mind while preparing food is essential for good and nutritive diets.
5. Adopting scientific methods of food preparation is very fruitful.

Ayesha has grown up

Jumman khala (aunt) said to her son Suhail “ Oh son! girls are the gardner of home. they can make one’s home either heaven or hell. You have given excessive freedom to my grand daughter Ayesha. She has grown up now. She must learn household works because she has to go to her in laws finally. God knows better what will happen to her.

Not taking his mother’s words seriously Suhail replied, “You don’t worry Ammi. I will search a rich husband for her who can offer as many servants as required for all the works. She is my only daughter. If she works she may lose her health.

As the days were passing Ayesha became quite mature but she did not know any thing about household works. She could not even know how to cook food. After some time Ayesha got married to Zafar who was the son of Mr. Aslam of a nearby town. Zafar’s mother was not well. Most of the times she could not work well. That’s why Zafar wanted to marry a girl who can do all household works efficiently. But unfortunately he got married to a girl who did not know any thing about household. But she had to do all the works. She started cooking but every time she used to commit mistakes. Sometimes she used to forget to add salt, spice etc. or sometimes she used to forget to switch of the gas because of which the food get burned. She was not able to cook either vegetables or meat efficiently. All the family members were worried. Their health started falling. One day Aslam got very angry with Ayesha and said, “Shame on you, being a girl you can not even cook food. This is the reasons behind the bad health of all of us. I don’t know what your mother has taught you.” Listening to this Ayesha started crying. After this Ayesha took permission and came back to

her father's home. She asked her mother to teach her everything about household works.

There lived a lady in their neighbourhood. She had done a course in Home Science. She used to teach Ayesha all the household works. She used to give wonderful tips of household work to Ayesha.

One day she said to Ayesha, "A well prepared food is very good for health. If food is not cooked well all the things and efforts go in vain. The very first thing that you have to remember while cooking food is that the place of cooking should be clean, if not, clean it first. The food should be cooked in a way that it should not lose its healthy and nutritious elements. Like if you wash rice for two or three times and if you rub it, then it may lose carbohydrates, which is a nutritious element. So you shouldn't do this. One more thing, always use rice which does not shine.

"OK! tell me while cutting vegetables what precautions you should take?

Ayesha replied, "Chachi (aunt), this is easy, take vegetables and cut them. One more thing, the peel removed should be thick so that the vegetables look clean.

Chachi replied, " NO! you shouldn't do that. You should wash vegetables properly and the peel you remove should be very thin, so that they don't lose minerals, vitamins etc. You should always use stainless steel knife for cutting vegetables and that too should be rust free. The leaves of some vegetables are useful for health like, cabbage, carrot etc. They all contain nutritious elements.

"Are you getting me, " asked Chachi to Ayesha.

Ayesha: Yes Chachi!

Chachi: OK! tell me while cooking food we should use more or less water.

Ayesha: We should use more water.

Chachi: No, we should use water according to the need, not more or less than that. You should cook vegetable etc. until it is cooked properly.

The most important thing while cooking food is that you should concentrate on your cooking. This will help you to make good, tasty and properly cooked food.

“Do you know the benefits of cooking food in pressure cooker?”

Ayesha: yes! It cooks faster.

Chachi: you are right but this is not the only benefit, there are many. Cooking food in pressure cooker saves time and fuel also. It does not harm the nutritious elements of food. And one more thing, when you cook meat keep the flame low because excessive heat may shrink the meat.

Tell me have you ever seen modern hi-tech utensils for cooking food.

Ayesha: no, I have never seen. How they are useful?

Chachi: They (utensils) save time and keep the taste and nutritious elements intact.

With labourious efforts Ayesha learned all the household works very soon. Now she cooks well. Suhail realized his mistakes and said to her mother, you were right in saying that girls are the gardener of home.

When Ayesha returned to her husband's home she everyone wandered by the delicious food. Ayesha's efforts gave colour to her life and everyday started liking her.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be true.

1. Before cutting the vegetables-
 - (a) Washing is not necessary ()
 - (b) Washing is necessary ()
 - (c) Wash it sometimes ()
 - (d) Not any one ()
2. The removed peel of vegetables should be-
 - (a) Thin () (b) Thick ()
 - (c) Both () (d) Not any one ()
3. For cutting the vegetables the knife should be-
 - (a) Made of iron () (b) Made of stainless steel ()
 - (c) Made of bronze () (d) Nothing ()
4. Why Ayesha was scolded at in laws home?
 - (a) Because she was without dowry ()
 - (b) Because she was not beautiful ()
 - (c) Because she was talkative ()
 - (d) Because she does not know hot to cook ()
5. What is the benefit of pressure cooking?
 - (a) Meal is cooked well ()
 - (b) Meal is cooked well and it is save time and fuel ()
 - (c) Meal is cooked only ()
 - (d) Only fuel is saved ()
6. While cooking meat-
 - (a) Flame should be high() (b) Flame should be low ()
 - (c) Flame should very high (d) Not any one ()

7. Take rice-
- (a) Which is polished () (b) Which is broken ()
- (c) Which is unpolished () (d) Which is dearer ()
8. Due to removing of thick peel of vegetables-
- (a) Vitamins and minerals do not extract ()
- (b) Vitamins and minerals are extracted ()
- (c) Vegetables are reduced in quantity ()
- (d) It does not affect ()
9. For breads, flour should be-
- (a) Self-raising flour() (b) Plain flour ()
- (c) Of any kind () (d) Not any one ()
10. When Ayesha returned to her home who taught her?
- (a) Mother () (b) Grandmother ()
- (b) Sister () (d) Aunty in neighbourhood ()
11. You can ensure your cooking well by-
- (a) Adding any amount of water at any time ()
- (b) Adding a certain amount of water at a certain time ()
- (c) Adding any amount of water at certain time ()
- (d) Add water if it is required in a certain amount at a certain time ()

11 Living Standard

The neo-literate woman shall know the following information after reading this story-

- (1) For a good life, good health is a must.
- (2) Hygiene and health are correlated.
- (3) Taking care of hygiene one may keep away from various diseases.
- (4) Hygiene of food, body and place are the important factors of human health.
- (5) Adoption of scientific methods of food preparations help in economic and physical solidarity.
- (6) Balanced diet is most for having sound health.

Living Standard

Once government conducted a survey of progress of a district. This survey gave the details of progress and the living standard of the residents. The survey was conducted so that government could take proper steps for the upliftment of the people and the district.

This was seen in the survey that there were minor difference between the income of urban and rural residents. But still the sickness and death rate was higher at village. A bunch of officials visited the village and saw that the illiteracy rate was very high. The villagers were not poor, they had enough money but their mentality and thinking was very orthodox and old.

Government supply cooking gas to all the villages but still people of the village were using wood for cooking food. And the smoke which comes out of wood fire is dangerous for our eyes. They used to use mud and ash for washing utensils which is not good for health.

The villagers were of the opinion that the food cooked in pressure cooker is not good in taste. Most of them were very careless about hygiene and cleanliness. They were not taking a balanced diet and they used to eat as much food as possible at a time. Although the food should be taken only on time and that too after definite interval. They were again of the opinion that by taking more *ghee* in food they will become more healthier.

They did not know that anything in excess may harm their health.

There was a sweet shop near by. The shopkeeper used to keep sweets open. The people of the village used to eat the sweets, which was harmful for their health. Because anything kept open got infected.

After conducting the whole survey the government came to conclusion that it is necessary to educate people there. General education must be accompanied

with health education and the people should be made aware of their health by organizing health fair time to time. The government also started organizing health meetings at the Panchayat Bhawan of the village. In those meetings health education, health perceptions and health instructions were given to the people. The educator tried to remove the misconceptions of the people. And after doing all this village started progressing because where there is health there is wealth and progress.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be true-

1. Who made a survey of the district development?

(a) Government ()	(b) Local bodies ()
(c) Municipal Corporation ()	(d) Not any one ()
2. The people of village used to cook their food-

(a) With gas ()	(b) With coal ()
(c) With wood ()	(b) With gas of cow dung ()
3. On washing utensils with ashes or mud-

(a) they glitter ()	(b) they do not glitter ()
(c) they lacked in lighting and could not be washed properly	
(d) not any one ()	
4. Have a meal-

(a) Very much on time ()	(b) Very less on time ()
(c) according to hunger on time ()	(d) any time ()
5. Why the village has plenty of grains?

(a) Because the land was not fertile ()	
(b) Because the land was fertile ()	
(c) Because the land was less fertile ()	
(d) Not any one ()	

6. The death rate of people in the village was the death rate of people in the city-
- (a) Less than () (b) Equal ()
- (c) Very less than () (d) More than ()
7. For eyes, fumes are-
- (a) Very useful () (b) less useful ()
- (c) Very harmful () (d) it does not affect ()
8. 'Always take balanced diet', this statement is-
- (a) True () (b) Wrong ()
- (c) Sometimes true () (d) Sometimes Wrong ()
9. Do not eat which are kept open in the shop
- (a) Sweets () (b) Only chat ()
- (c) Only *Jalebi* () (d) any thing ()
10. What plan did the government make for the development of village?
- (a) To distribute grains free of cost ()
- (b) To distribute medicines free of cost ()
- (c) To educate free of cost ()
- (d) To distribute fruits free of cost ()

12. Service is Worship

The neo- literate woman shall get the following informations after reading this story-

(1) Human body works like a machine. Any interruption will cause a harm to the body.

(2) Any ignorance in maintaining health should not be done.

(3) Always take food which is easily and fully digested.

(4) Hygiene of body is essential for good health.

(5) Special care for eyes, ears, nose and teeth is important, because they are prone to infections.

Service is Worship

It was 12 'o' clock at night but still some residents of Saidpur village were not sleeping. Mukhia Ramdas came out of his home after hearing the noise. As soon as he came out Ramdhani, Sohanlal and Birju came with their problem.

Ramdhani said, " My wife is sufficing from tooth ache, even she is crying because of ache. I don't have any medicine."

"Sohanlal, what is your problem." asked Mukhia. Sohanlal replied, my son is having ache in his stomach.

Birju was himself suffering from ache in his ear.

Mukhia said to all of them, "you all wait until morning then we will go to the doctor of Panchayat Bhawan".

Hearing this all of them said, "Mukhia Ji, the ache is so sharp that it is intolerable. Please help us."

Ramdas was a gentleman. He took out his tractor and took all the patients to the city. Ramdas know a doctor in the city. Ramdas took all of them to Dr. Vyas. It was 2 'o' clock at night. Ramdas called the doctor, hearing his call Dr. Vyas came out and said, "what happened Mukhia Ji."

Ramdas wished him and replied, " being a Mukhia, to serve is my duty. These three patients need medical assistance.

Dr. Vyas enquired about the problems of all the three patients and gave them medicines. With in one hour all the patients started feeling well.

After this Dr. Vyas said to the patients, "if you all take care of your health and body then you will not face these problems in future".

He said, "Ramdhani's wife is having tooth ache because she does not clean her teeth properly. When we take food sometimes some quantity got stick to the gums which is very harmful. This leads to the gum ache and tooth ache.

Sohanlal's son is having stomach ache because of improperly cooked food. Then he pointed towards Birju and said, " He used a wooden stick to clear his ear and this is the reason behind his ache. You should not use anything hard or stick to clean your ears. This can damage the ear. And also while taking bath care should be taken to prevent water entering the ear. You should clean up your ears with cotton. On asking to Birju he said that he cleaned his ear with a matchstick yesterday.

While returning to their Dr. Vyas told all the patients, " You all should take of eyes, ear, teeth and the whole body. It is very necessary for being healthy."

Exercise

Four options have given with the following questions. Please give a tick mark to that option which your suppose to be true-

1. Cleaning of teeth is important-

(a) To get a good look()	(b) For stronger teeth ()
(c) For safety from germs ()	(d) These all ()
2. On being careless with your body-

(a) You shall be unhealthy ()	(b) You shall be healthy ()
(c) You shall not have a beautiful look ()	(d) Both A and C ()
3. getting food which is not fully cooked-

(a) does not digest ()	(b) digests easily ()
(c) is tasteful ()	(d) Not any one ()
4. For cleaning of your ears-

(a) Use wood ()	(b) Use iron ()
(c) Use cotton or cloth()	(d) Not any one ()

5. Sohan Lal's son was suffering from stomach pain, because he-
 - (a) had eaten ()
 - (b) had eaten beaked corn ()
 - (c) had eaten raw maize ()
 - (d) had eaten sweets ()
6. If you don't clean your teeth properly-
 - (a) teeth will be weaker ()
 - (b) gum will be infected ()
 - (c) teeth shall not glitter ()
 - (d) these all ()
7. What was the name of the Mukhia (elected representative of the village)?
 - (a) Shyamlal ()
 - (b) Ramlal ()
 - (c) Girdharilal ()
 - (d) Ramdas ()
8. For teeth, it is essential -
 - (a) Proteins ()
 - (b) Fats ()
 - (c) Calcium ()
 - (d) Not any one ()
9. The number of teeth in a common man is-
 - (a) 30 ()
 - (b) 34 ()
 - (c) 50 ()
 - (d) 32 ()
10. Eyesight increases-
 - (a) On watching television ()
 - (b) On watching cinema ()
 - (c) On watching greenery ()
 - (d) On sleeping ()

13 A Loss

The new- literate woman shall gain the following knowledge after reading this story-

- (1) More oily and fatty meals are injurious to health.
- (2) More spicy foods generate a number of physical ailments.
- (3) Simple meal is best meal.
- (4) Human abdomen plays an important role for good health.
- (5) To be careful in food habits is essential for good health and good living.

13. A Loss

Mr. Ramnath was working in a rural bank. He had two children – Amar and Geeta. Amar was the student of class Eighth and Geeta was studying in class Seventh. Both the children used to go to school together. Amar was habitual of eating vender's food items on the way to school. At the gate of the school *Samose* were sold on a cart.

Every day, Amar told Geeta- Come and take fresh and hot *Samose*. It is very delicious.

Geeta- No! No! brother. Dad forbade us to take these oily & open food. I like fruits, so I shall get it at home.

Amar – If you don't want, it's OK. But I shall take it obviously. I like oily and spicy items like *Samose*, *Pakaudi* and *Chhole-Chaats*.

Amar was fond of oily and spicy food and he often used to eat breads prepared with *Ghee* and avoided simply beaked breads.

Not only this, he used to eat meats and fishes more than the others in the family. One day her mother told him – “Son! You please don't take too much oily foods.”

Amar- I don't like simple and dry foods, dear Mom!

Mother- You also do not take plenty of water. Take much of it. Otherwise, your digestive system will be worsed.

Amar did not follow even mother's suggestions and used to take those items which he liked. Gradually his health started deterioration. One day Geeta asked Amar while coming back to home from school.

What happened to you brother! Now a days you are inactive and dull. Even you don't take *Samose* & *Pakaudi*.

Amar- Yes! My sister, I don't feel hunger now a days.

Geeta- Your eyes are also yellowish.

Amar- Oh Geeta! Today my urin was also yellowish in the morning.

Geeta- Very soon I shall inform to mother.

Amar- ‘Yesterday mother was asking to me why I used to take two breads instead of four as usual! I did not reply.

Geeta informed her mother about the problems of his brother, when she came back to home.

Mr. Ramnath was later informed with the symptoms of his son and brought him to the Doctor on next day. The doctor said to Mr. Ramnath instantly- The child has become yellowish. I am prescribing few check ups. Do it, soon. After two days the doctor saw the report and told – Amar is suffering from Jaundice. This disease causes malfunctioning of human liver.

The doctor saw Amar affectionately and told- Son, Amar! don’t worry, you will get well soon. But you have to fellow my few instructions-

1. you have to take rest as much as possible .
2. Filter and boil water , let it to cool and them drink,you must drink plenty of water.
3. you will take boiled vegetable without. Spice and oil. Eat roughages much.
4. You will not get *Ghee* and oily foods
5. Eat fruits in plenty.

I am prescribing few medicines which you take on time.

Amar’s father thanked to the doctor and came back to home with medicines.

By giving a lesson to amar, his mother told- my son! Often I prevented you to take more spicy and oily food. Now you are aware of the results of this negligence.

Amar replied in regret- Mother! Geeta always forbade me, but I did not care. My exam is ahead. It is a great loss of my study.

Amar's mother told him with consolation- No matter, my son! First health and then study persists.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be true-

1. The symptom of jaundice is-
(a) Yellowish () (b) One does not feel hunger()
(c) Weakness () (d) These all ()
2. Which part of the body is adversely affected by spicy food?
(a) Eyes () (b) Teeth ()
(c) Liver () (d) Heart ()
3. Amar used to like-
(a) Plain bread () (b) Plain rice ()
(c) Bread with *ghee* () (d) Nothing ()
4. In jaundice -
(a) Do work continuously () (b) Take rest properly ()
(c) Walk () (d) Nothing ()
5. Which food is more prone to jaundice?
(a) Milk () (b) More spicy and oily food()
(c) Curds () (d) Vegetables ()

6. Who was Mr. Ramnath?
- (a) Brother of Amar () (b) Father of Amar ()
- (c) Uncle of Amar () (d) Grand father of Amar ()
7. You shall not suffer from jaundice, if you-
- (a) Shall drink less water and plenty of milk ()
- (b) Shall drink plenty of water and less of milk ()
- (c) Shall drink plenty of water and exercise more ()
- (d) Shall drink plenty of water and take very few fats in your meal ()
8. In jaundice-
- (a) Take more medicines () (b) Drink plenty of water only ()
- (c) Take fruits, green vegetables, sugar cane juice, carrots ()
- (d) Take rest only ()
9. Amar-
- (a) Used to eat nothing school ()
- (b) Used to take tea in school ()
- (c) Used to eat *Samosa* in school ()
- (d) Used to eat fruits ()
10. 'You are healthy, only then you are beautiful or good looking'. This statement is
- (a) Wrong () (b) Right ()
- (c) Sometimes right () (d) Not any one ()

14 A Lesson

The neo-literate women shall gain the following knowledge after reading this story-

- (1) Good health depends too much on surroundings. Where there is hygiene there is health.
- (2) Only balanced diet is not sufficient to be healthy, it also depends upon hygienic conditions, proper ways of living and good food habits.
- (3) A diet with plenty of only one nutrient is not favorable to health, but it is harmful.
- (4) Taking food with pleasure and in peace is very much suitable for the nutrients to show their total influence on body.
- (5) By getting a lesson from the life styles of well-experienced and educated people, one should improve his own life style.

14. A lesson

Jama masque (masjid) area of Delhi is a very crowded area. Suleman was living in a nearby lane of the mosque. He had three son's and two daughters. Fore years ago, suleman shifted to Delhi with his family to earn a better livelihood than at his village.

He was able to get adequate wages for his work and used to spend lavishly on food, but nobody in the family was in good health. Often anybody of the family suffers from either fever or indigestion, either malaria or diarrhoea. Suleman always remained in stress and strain.

As he was a labourer he had to be with many educated and cultured people at their home or sites, sometimes throughout the day. While working he always used to observed the life style of the family or the people and compare with his own family . He saw that –

- The people used to take complete diet in their meal.
- They take rice, pulse, vegetable or meat. Salad and curds.
- Even the children do not take their meal in hurry and improper manner.
- Everybody chews properly while eating.
- The place where they live is very neat and clean. The kitchen and the dining space are hygienically maintained.
- They drink little water , keep fruit and remain delightful while taking their meal.

Suleman found his own livings entirely different from life style of the persons for whom he worked. He analysed that-

- we eat what we like in taste irrespective of time and quantity.
- Our food lacks in all those important items, which the people of cultured families generally take.

- We do not live in a hygienic condition.
- A dirty sewage flows adjacent to our kitchen.
- We do not chew properly. Perhaps these all are the reasons for unsound.

Now his eyes were open ! He took many lessons from the living of educated families . He was now highly intend to bring changes in the life style of his family and first of all he was keen to bring changes in food habits.

Suleman said to his wife ‘ if we would improve our food habits and become sincere in maintaining health and hygiene, we would also definitely become healthy and fine and able to prevent various diseases by changing our ill-habits .Non vegetarian food should have twice or thrice in a week, not in every diet. To include green vegetables and fruits in meal is also very important and beneficial. More over, the meal should be taken on time and a little less than hunger’.

Suleman’s wife listened him patiently and told-

‘OK! We shall improve our food habits, but how shall we care of hygiene? This is a very dirty place to live. Dirty sewage passes through the wall of over kitchen and the lane to our home is also very dirty.’

Suleman replied with great spirit- ‘we shall change our home within a month or two.’

He started looking for a house in a good colony. Within a month he got a new house on rent and shifted with his family. In this new place they begin to live in a healthy and hygienic condition. Everybody at home began to take those food items in their meal which are full of nutrition.

Suleman andhis wife always used to give lesson their children for health & hygiene. In this way the family became a healthy and cultured family.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be true.

1. Which type of diet is said to be a good diet?
 - (a) A diet which contains nutrients ()
 - (b) A diet which contains protein only ()
 - (c) A diet which contains fats only ()
 - (d) A diet which contains iron only ()
2. What is the effect of hygiene in food habits?
 - (a) It does not affect ()
 - (b) You shall be fatty ()
 - (c) You become happy ()
 - (d) You will be healthy and keep away your self from diseases ()
3. Where did Suleman see good habits of living?
 - (a) In neighbour () (b) At uncle's home ()
 - (c) In educated and cultured family to whom he goes to work ()
 - (d) Not anywhere ()
4. Where did Suleman go after leaving his village ?
 - (a) Mumbai () (b) Varanasi ()
 - (c) Kolkata () (d) Delhi ()
5. Taking meal in haste -
 - (a) is good for health () (b) is essential ()
 - (c) in harmful to health () (d) does not make any difference ()
6. 'Taking meat or fish in everyday meal is good.' This statement is-
 - (a) Wrong () (b) Not wrong ()
 - (c) Sometimes right () (d) Sometimes wrong ()

7. 'One should have fruits with meal'. It is -
(a) Good () (b) not good ()
(c) Not necessary () (d) Not any one ()
8. With good food habits, you must have-
(a) furniture () (b) clothes ()
(c) decoration () (d) good living ()
9. Good living affects your health-
(a) Adversely () (b) Positively ()
(c) No effect () (d) Not any one ()

15 The Pain

The neo-literate women shall know the following informations after reading this story-

1. The body requires that kind of diets which are favourable to the whole body system, that is, complete digestible and balanced diet is very much important for health.
2. The body should always be kept away with much oily and spicy foods, because it is unfavourable to health protection.
3. Proper ways of food intake should be adopted. Taking food in hurry may be harmful.
4. Water is greatly important for health. Drinking plenty of neat and clean water is very much suitable to health.
5. Always avoid to have foods in hurry and keep away yourself from staple foods.

The pain

“ It is evening now but Naeem has not come back from his school”, His mother Salma said. After some time Naeem came back home with sharp ache in his stomach. Everyday was thinking what has happened to him.

He was feeling uneasy because of the pain. Salma immediately took him to the nearby doctor.

Doctor asked Naeem, “What you took in the breakfast?.

In reply Salma said. “I gave him fried rice in the morning. He was getting late for his school so I gave him that and the rice was not fully cooked”.

Doctor said, “You have committed two mistakes at a time. One, that you gave him fried rice in the breakfast and second, that too improperly cooked. This is the only reason behind his stomach ache because he could not digest the half cooked rice.”

Doctor gave some medicines to Naeem and said, “Son, whatever you eat in food chew it properly”.

After taking the medicines Naeem got well.

Doctor advised Naeem’s mother Salma, “You should not use much *ghee* and oil this harms your digestion and stomach. You should take water with a gap of little time after having food. After making up in the morning you should take two glasses of water. Water is very useful for health.”

It had fallen night then. Salma took Naeem to home and started following the doctor’s advise.

Exercise

Four options have been given with the following questions. Please give a tick mark to that options which your suppose to be correct-

1. Naeem had an ache-

- | | | | |
|----------------|----------|--------------|----------|
| (a) In head | () | (b) In mouth | () |
| (c) In stomach | () | (d) In leg | () |

2. What did Naeem eat in the morning?
 - (a) Milk and bread () (b) Rice and vegetable ()
 - (c) Bread and vegetables () (d) Rice, fried in *Ghee* ()
3. We should not have raw meal because-
 - (a) It can not be digested() (b) It can be digested ()
 - (c) It is tasteless () (d) A and C both ()
4. What did the Ayurveda doctor suggest to Naeem?
 - (a) Have a meal in haste ()
 - (b) Have a meal in haste with chewing ()
 - (c) Have a meal slowly and with chewing ()
 - (d) Not nay one ()
5. Wake up in the morning and drink-
 - (a) Milk () (b) Juice ()
 - (c) Tea () (d) Plenty of water ()
6. What was the name of Naeem's mother?
 - (a)Salma () (b) Sultana ()
 - (c) Shabana () (d) Areena ()
7. When there is a pain -
 - (a)You should tolerate ()
 - (b) You should not care ()
 - (c) You should have a proper treatment ()
 - (d) You should weep too much ()
8. 'It is good to walk in the morning'. This statement is-
 - (a) Wrong () (b) Right ()
 - (c) Sometimes wrong() (d) Not any one ()

9. 'Save your food from too much oils and fats' this statement is-
- (a) Wrong () (b) Right ()
- (c) Sometimes right () (d) Sometimes wrong ()
10. For good health-
- (a) Take balanced diet only ()
- (b) To be careful of hygiene only ()
- (c) To drink water in the morning ()
- (d) These all ()

16 The Exhibition

The neo-literate women shall gain the following informations after reading this story-

1. If one has the habit of cleanliness, she may keep the surroundings clean.
2. There is positive correlation between food habits and hygiene for healthy life.
3. Adopting a good routine life is essential for good health of human beings.
4. Some important instructions should always be kept in mind while eating foods.
5. Good health is reflected itself, it needs not to show.

The Exhibition

Government Middle School Dhaulpur was going to organize an exhibition. on 7th April i.e. 'World Health Day'. Four schools of the district participated in the exhibition. The district magistrate had announced an prize for the best exhibitor.

It was 7th April; all the schools were busy in the preparations for the exhibition. They had organized their exhibitions in a big hall and one, 1, 2, 3 and 4 numbers were assigned to them. A team of the judges including the principal and district magistrate in sited the exhibition.

The students of school number 1 was exhibiting different kind of eatables and foods.

The students of school number 2 was exhibiting instruments used for body building and fitness. When the team reached school number 3 there was a very clean bed and one of the students was wiping the floor.

Then the team moves towards school number 4. This was the Government Middle School, Dhaulpur's exhibition. Two students were standing by the side and the floor was very clean and there was no shoes and sleepers around. Both the students were looking healthy and they were looking so clean as they have taken bath right now. Their teeth were also shining. The district magistrate was very happy with this presentation.

He said, "One who keeps himself clean and takes a balanced diet will always be healthy. In comparison to other school students the students of this school are more clean and healthy. You don't have to show your health and cleanliness rather the onlooker can observe himself."

The Principal said, "one can be healthy if he takes a balanced diet and takes care of cleanliness. Brush your teeth properly. Cut your nails on time. Take

bath with care of cleanliness. Wear clean and washed clothes and take care of few things while taking food. Take balanced diet, chew the food properly, keep the utensils clean and the place where you keep food and take should also be very clean. Government middle school. Dhaulpur, received first prize for the exhibition.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be true-

1. Which international day is marked on 7th April?

(a) World Population Day	()
(b) World Health Day	()
(c) World Literacy Day	()
(d) World Aids Day	()
2. The exhibition was held on which issue?

(a) On education	()	(b) Poverty alleviation	()
(c) On health	()	(d) Not any one	()
3. The exhibition was held in which school?

(a) Rampur school	()	(b) Jaunpur School	()
(c) Government Middle School Dhaulpur			()
(d) Shastri High School			()
4. 'Health and hygiene is important to show' this statement is-

(a) Right	()	(b) Sometimes right	()
(c) Wrong	()	(d) Sometimes wrong	()
5. Nail increment

(a) is not good for health	()	(b) does not look good	()
(c) looks good	()	(d) does not make any indifference	()

6. 'To be dirty is of poor people'. This statement is-
- (a) Wrong () (b) Absolutely right ()
- (c) Absolutely wrong () (d) Not any one ()
7. Which school stood first?
- (a) First school () (b) Second school ()
- (c) Third school () (d) Fourth school ()
8. While eating -
- (a) chew properly () (b) be polite ()
- (c) be happy () (d) these all ()
9. It is a good habit-
- (a) do no bring dirt into home with your footwear ()
- (b) bed should be neat and clean ()
- (c) Bath everyday ()
- (d) These all ()
10. Talk-
- (a) closing your mouth to other ()
- (b) from a little distance ()
- (c) in action ()
- (d) Not any one ()

17. Silent

The neo-literate women shall gain the following informations after reading this story-

1. The physical ailment must not be associated with religion or any dogma and one should not be careless to his body.
2. The disease of small pox is a transmitted disease. So, the patient must be kept away from other people.
3. The patient must be kept in a hygienic condition.
4. In transmitted diseases, the patient has to be kept under the vigilance of health practitioners.
5. The causes and remedies of diseases like small pox.

Silent

It was a summer day. Sudha went out of home to play with her friends. Sudha, Sonam, Lata and Sonu used to gather in the evening near the school. Sonam was the best friend of Sudha. One day Sonam, did not come to play and this stunned Sudha. She came back to her home early. Next day when Sonam did not come to school too then Sudha became worried about her. While returning from school she went to Sonam's home. She saw that Sonam was ill and was lying on bed. Sonam's mother said- "She is having small pox, this is the embodiment of Goddess's presence".

Sudha kept sitting for 2-3 hours beside Sonam. Next day Sudha also fell ill. She also suffered from fever and in the next twenty-four hours her body got covered by some kind of spots. She told her mother that yesterday she went to meet her friend Sonam. She is having small pox and aunty told me that this is an embodiment of Goddess's presence and she will be all right by herself.

Hearing this Sudha's mother said, "You have carried the virus from her. Small pox is not the embodiment of Goddess rather it is a result of an attack of virus. This virus gets transferred to others by touching the patient or sitting on the patient's bed or using patient's utensils, clothes or towel etc. In this situation great care of cleanliness should be taken. I will also have to keep you in a separate place."

Sudha's mother was an educated woman. She immediately went to the doctor and explained the condition of Sudha.

Listening to Sudha's mother's description, Dr. Sharma said- "Great care of cleanliness is most important in such a case and is the biggest precaution to prevent spreading the disease. Take care of cleanliness of your home and in

serving food etc., use separate utensils for her. I am prescribing some medicines and an ointment. Apply the ointment on the spots 2-3 times a day.

“Sudha’s mother replied, “OK. thank you doctor. I will buy the medicines today itself”. Sudha’s mother bought the medicines and started applying the ointment. Slowly spots started getting dried it took almost fourteen days in the removed of all the spots.

After some time Sudha got back to her previous condition. Sudha learned a lot about the decease and she shared the experience with her friends. All the friend prayed, “we might never be suffered from this and if we suffer we shall take all precautions that no body else suffer from this because of us”.

Sudha said, “My mother said that this decease spreads because of water and air pollution. This decease is caused by a virus named as Varisela Joster”..

Exams were going to start, so all the friends stared studying seriously.

Exercise

Four options have been given with the following question. Please give a tick mark to that option which you suppose to be true-

1. Sonam was suffering from-

- | | | | |
|--------------|----------|---------------|----------|
| (a) Malaria | () | (b) Small Pox | () |
| (c) Jaundice | () | (d) Fever | () |

2. What is the cause of small pox?

- | | | | |
|-------------|----------|-----------------|----------|
| (a) Virus | () | (b) Germs | () |
| (c) Insects | () | (d) Not any one | () |

3. Who become sick after Sonam?

- | | | | |
|----------|----------|-----------|----------|
| (a) Lata | () | (b) Radha | () |
| (c) Usha | () | (d) Sudha | () |

4. Small pox causes-
 - (a) Not due to contact ()
 - (b) It self ()
 - (c) Due to contact to the patient ()
 - (d) Not any one ()
5. Small pox is a -
 - (a) transmitted disease () (b) non-transmitted disease ()
 - (c) Both A and B () (d) Curse ()
6. If you suffer from small pox
 - (a) Cleanliness is very important () (b) Cleanliness is not important ()
 - (c) Cleanliness is good () (b) These all ()
7. Small pox means-
 - (a) Embodiment of Goddess () (b) Anger of Goddess ()
 - (b) Attack of virus () (d) Not any one ()
8. The virus which causes small pox is known as -
 - (a) Arisela Foster () (b) Basila Joster ()
 - (c) Verisela Joster () (d) VerikileJoster ()
9. In small pox, patient should be
 - (a) under medical supervision () (b) under sage supervision ()
 - (c) under have treatment () (d) under no treatment ()
10. Sudha's mother
 - (a) was illiterate () (b) was educated ()
 - (c) was sick () (d) not any one ()
11. When your suffer from small pox-
 - (a) There will be headache ()
 - (b) There will be pain in stomach ()
 - (c) There will be wound at your body ()
 - (d) There will be spots on your body ()

18. A Handicapped Thinking

The neo-literate women shall gain the following knowledgeable and beneficial informations after reading this book-

2. Old and orthodox thoughts are harmful to one's life.
3. It is very essential to provide immunization and essential dosages of vitamins as to give healthy life to newly born child.
4. To become careless to the infant's health, is to become careless to their lives.
5. In any kind of ailment, one should go to consult the doctor immediately.
6. For 0-5 years old child, immunization at different stages is essential as to keep them healthy.

A Handicapped Thinking

Badrinath's family was the biggest family in the village. He had seven sons and three daughters. All of them had got married and all of them had children. Badrinath's family members were used to keep them away from medicines even when they were sick. According to Badrinath only herbal medicines were useful. Even the family never took their children to any clinic for immunizing the essential dosages for babies.

After few days a baby girl born to Badrinath's eldest son's wife. When she was one year old she suffered from fever, dry cough and sneezing. Her eyes turned red and she was vomiting. Their neighbour Jamuna Kaaki said, "Take her to the doctor immediately she might be suffering from measles".

After some time some bright spots started coming out of her skin on and around the face and the neck. Jamuna Kaaki's advice also went in vain. Her lower body got covered by black spots. Her condition was continuously falling and then her mother took her to the doctor without informing others.

The doctor prescribed some medicines and advised to take care of cleanliness of home.

He explained, "Through cleanliness this disease can be stopped from spreading." This disease spreads because of Mixo virus and specially this virus spreads through sneezing, cough, and by touching the patients. Every child should be immunized on time so that this disease could not catch the body". The child's mother listened to all the things carefully and decided that now she would bring all her children to the health camps and would let them have drops or injection on time.

After this incident the mentality and thinking of the family members did not change. After two year Badrinath's younger son's wife gave birth to a baby

boy. On the birth of son they distributed sweets and all of them were very happy. But nobody took care of his health. Polio drops for the infants were made available by the government the door steps of every villagers. But Badrinath forbade the polio workers to fetch the drops to the children of his family. As a result the new born baby suffered from polio. His one leg became very weak and hence stopped working. He became disabled for even. After this incident Badrinath's family wakeup. Badrinath and his family became cautious.

Next year the camp was again at service. Badrinath's family was the first to reach there.

Camp worker said, " Polio virus spreads because of Enterovirus." Generally this spreads through water.

This disease is generally spread to children. The symptom is that the patient feels fever and hardness in the neck. He also feels problem in moving the head down. For saving children from polio they should be given polio drops on time in their early age. The prescribed age for this immunization is 0-5 years.

After listening to all the informations the people of the village became more cautious and started giving polio drops to all their children.

Exercise

Four options have been given with the following questions. Please tick mark to that option which you suppose to be true

1. The symptom of measles is-

- (a) Appearance of wound on body () (b) Irritation in body ()
(c) Bright spots on body () (d) Not any one ()

2. The cause of the disease, measles is-

- (a) virus () (b) bacteria ()
(c) germs () (d) These all ()

3. The prevention of measles is -
 - (a) infant should live in a hygienic surrounding from birth. ()
 - (b) protect the infant from virus ()
 - (c) Provide immunization to the infant between 0-5 years of age ()
 - (d) Not any one ()
4. The child was suffering from polio-
 - (a) is enable to hear () (b) is unable to see ()
 - (c) became handicapped () (d) starts stammering ()
5. Poliomyelitis is a-
 - (a) common disease () (b) dangerous disease ()
 - (c) curse () (d) not any one ()
6. Generally the virus of polio-
 - (a) transmits through contaminated water ()
 - (b) transmits Through contaminated meal ()
 - (c) transmits through toilets ()
 - (d) these all ()
7. The full name of polio is-
 - (a) Polio-aitin () (b) Polio-alitis ()
 - (c) Poliomyelitis () (d) Polio-ailis ()
8. How many children Mr. Badrinath had?
 - (a) Five sons and three daughters ()
 - (b) Seven sons and three daughters ()
 - (c) Four sons and three daughters ()
 - (d) Four sons and three daughters ()
9. Polio is the disease of-
 - (a) old people () (b) youths ()
 - (c) infants () (d) males only ()
10. The virus which causes is
 - (a) ERSO () (b) FIXO ()
 - (c) MIXO () (d) Not any ()

19. Fly in Ointment

The neo-literate women shall gain the following informations after reading this story-

1. Edible food items which are unhygienically kept should not be eaten.
2. Always prefer fresh foods.
3. Meal must be taken at neat and clean place on time.
4. Flies are the main carrier of diseases, save food from them.
5. At dysentery and vomit, proper cure is essential, it should not be taken lightly.
6. Our body needs a balanced proportion of water and salt. In cholera one should take more amount of water as amount of water is reduced in the body in this disease.

Fly in Ointment

Munia was going to be married. It was her wedding on that day. The whole village was preparing for the ceremony and to give a warm welcome to all the guests. The groom and the wedding guests were supposed to reach there at 5'o clock, but they got late and reached there at 10'o clock. All the guests had dinner after the ceremony. The guests stayed at School building.

In the morning around 3 'o' clock people started vomiting and some suffered from loose motion. Till 7 'o' clock the conditions of all the patients were very pity. Seeing all this Munia's father and all the older people of the village got worried that why all that happened?

There was a hospital two miles away from the village. Few youths reached the hospital son. The gatekeeper told – sir was at his quarter. The doctor was living at a walking distance. The gatekeeper informed him. He came out of his home and said- I am guest accompanying. The doctor media call to the city hospital and called a team of doctors. All the doctors reached the village without two hours and controlled the situation. The team of the doctors revealed that all the guests were suffering from diarrhoea. When the doctors investigated about the reason of diarrhoea then they come to know that the sweets were prepared for guest very early in the morning and was kept open for the whole day. All the sweets were covered by house flies which are the primary carrier of germs. After proper treatment and care the condition of all the guests improved.

The doctor said to the people there, “ Diarrhoea spreads through vibreocholera virus. House flies are the primary carrier of this virus. After the attack of the germs the patient starts showing the symptoms of it within 2-3 hours. The patient feels pain in the stomach and starts vomiting, loose motion etc. Which leads to the lack of water and minerals in the body. Many time the patient dies.

Hence you all should take care of diarrhoea and other infections diseases.

Diarrhoea can be controlled by:

1. Keeping the patient in a separate place and keep on giving glucose, electrolyte, water etc.
2. Use clean and filtered or boiled water.
3. Keep the toilets clean.
4. Injections should be administered as soon as possible to resist the disease.
5. Giving health education at individual and mass level.

After this incident the people became more cautious and started taking precautions.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be true-

1. What happened to the wedding guests?
(a) Fever () (b) Cholera ()
(c) Jaundice () (d) Pain in stomach ()
2. Whose marriage was to be held?
(a) Munni () (b) Chunni ()
(c) Sonia () (d) Munia ()
3. How does cholera spread?
(a) by dirt () (b) by weakness ()
(c) by infected meal () (d) Not any ()
4. Cholera-
(a) Spreads through virus () (b) Spreads through germs ()
(c) Spreads through bacteria () (d) Spreads through stress ()

5. The germ which causes cholera is-

(a) Vibrio cholera ()	(b) Abrio cholera ()
(c) Anti cholera ()	(d) Not any ()
6. The carrier of the disease cholera is-

(a) Bees ()	(b) Flies ()
(c) Birds ()	(d) Mosquitoes ()
7. The symptom of cholera is -

(a) pain in stomach ()	(b) Headache ()
(c) Vomiting and loosomtions ()	
(d) Nothing ()	
8. In the body of the patient of cholera -

(a) There is lack of water ()	
(b) There is lack of bloods ()	
(c) There is lack of flesh ()	
(d) There is lack of water and salts ()	
9. The patient who suffers from cholera should be-

(a) given fresh water ()	(b) provide immunization ()
(c) Used neat and clean toilets ()	(d) These all ()
10. In Munia's marriage-

(a) Wedding guests were served with infected fruits ()	
(b) Wedding guests were served with fresh meal ()	
(c) Wedding guests were served with infected sweets ()	
(d) Not any one ()	

20. Mischief

The neo-literate women shall gain the following informations after reading this story-

1. Vendor's items which are stale and unhygienic must be avoided.
2. Total hygiene and careful food habits are important for good health.
3. For good health, water plays an important role, so drink clean water.
4. The carriers of typhoid enter into human body through contaminated water, milk and food. Therefore, all precautions should be kept in food habits.
5. To have a control over food habits is very necessary while travelling.

20. Mischief

Once a group of students went on a tour to Nainital from Lucknow in the month of June. Two teachers also went with the students.

Before boarding the train the teachers said to the students, “ First we will reach Kathgodam by the train and from there we will take bus for Nainital. Don’t take eatables or food from the vendors on any station, we have enough eatables. When you feel hunger asks for it”.

As the train arrived all of them boarded on the train.

Four students were very naughty, they started buying things from each station and eat them. They did not follow their teacher’s instructions. At 5 ‘o’ clock in the evening the train reached Kathgodam. After having food there all of them boarded on a bus to Nainital. As the bus started moving wonderful site scenes were coming on the way. At 8 ‘o’ clock in the night the bus reached Nainital. They have arranged a stay at a college’s guesthouse. After enjoying four days there they all came back to Lucknow.

After one week all the four naughty students fell ill. They were all suffering from fever and their chest pulse also got slower. Their parents were very worried about them and they took their wards to the doctor.

After investigation the doctor said, “all of them are suffering from typhoid.”

On asking to them they said, “ we ate many things on the stations when we were going to *Nainital*. Like *Samosa*, *Jalebi* etc. and we also drank water on the stations.

The doctor replied, “ This is the reason behind your illness. Whatever you took on the stations were not fresh and the water you drank there was not fresh and pure. Drinking water should always be fresh and clean.”

The doctor prescribed some medicines and told the students to take precautions.

He said - "The virus of typhoid enters into our body through infected water, milk or food. The patient starts showing symptoms of typhoid around fourteen days after the attack of the virus. Great care of cleanliness should be taken while cooking and taking food. You all swear that you will never eat anything which is sold openly by the roadside vendors. And also you will drink fresh and clean water. You should always obey your elders".

All of them followed the doctor's instructions and with proper treatment and care they all got well soon.

Exercise

Four options have been given with the following questions. Please give a tick mark to that option which you suppose to be true.

1. The children were suffering from-
(a) Malaria () (b) Jaundice ()
(c) Typhoid () (d) Niomonina ()
2. The speed of nerves of the children
(a) increased () (b) became slow ()
(c) was normal () (d) not any ()
3. During travel-
(a) One should eat open and infected food ()
(b) One must eat open and infected food ()
(c) One should eat open and stale sweets ()
(d) One should avoid any food which is unhygienically prepared ()
4. The cause of Typhoid is-
(a) Virus () (b) Germs ()
(c) 'A' and 'B' both () (d) Not any ()

5. In typhoid the patient suffers from-

(a) Fever	()	(b) bowel disorder	()
(c) A and B both	()	(d) Not any	()
6. Drinking of water which is stored since long causes.

(a) Nothing	()	(b) disease	()
(c) Unable to quench the thirst	()	(d) insomnia	()
7. Nainital -

(a) Is a hill station in Madhya Pradesh	()
(b) Is in Bihar	()
(c) Is a hill station in Uttaranchal	()
(d) Is in Chhatisgarh	()
8. Typhoid is-

(a) A transmitted disease	()	(b) Non transmitted disease	()
(c) A and B both	()	(d) A curse	()
9. The germs of typhoid -

(a) injects into body through gullet due to having contaminated water only	()
(b) injects into body through gullet due to having infected meal only	()
(c) injects into body through gullet due to having infected milk only	()
(d) These all	()
10. For prevention of typhoid -

(a) Hygienic food habit is not necessary	()
(b) Any food habit you can have	()
(c) Take only nutritive diets	()
(d) Hygienic food habit is essential	()

CHAPTER – VI

SUMMARY, FINDINGS, CONCLUSIONS AND SUGGESTIONS

Education through reconstruction and reconstruction through education is the great motto of adult education. Formalized education is time-bound and space-bound which does not match with the people having shortage of time and inaccessibility to the school venue. But adult education can bring education to the door steps of millions of children and adults who are executed from the normal stream of education. In the matter of educating adults, development means achieving self-reliance in literacy and numeracy, becoming aware of causes of their deprivation and moving towards amelioration of their condition through organization and participation in the process of development. It is because of the fact that human factor is supreme in any development process, any activity to educate adults is regarded as an investment for development of human resource. India's non-formal education belongs to twilight zone of being both complementary and alternative to the formal system. It endeavours to wipe out the prevalent illiteracy among educational have-nots by its ongoing adult education programmes. It prevents the neo-literates to relapse into illiteracy through vocational training, health education, family planning programmes etc. It has laid emphasis on organization, flexibility, relevance and diversity of curricular learning activities to suit the needs of learners. Inequality between men and women as one of the most persistent disparities in most societies. The most common form of disparity is that the female is confined to traditionally ascribed roles within the four walls of the house. She is subjected to prejudices in an orthox milieu and has to be content

with the secondary place in the society. The adult education movement in India has helped to make horizon of vision wider and at a more mundane level, has helped to disseminate knowledge of a host of women issues. Literacy campaigns have brought about dramatic changes in the lives of women. Women have gained substantially because various patriarchal considerations that hinder their participation become inoperative as women come out of their homes and take part in campaigns with great enthusiasm.

In this age of information the adult education programme in our country has only little impact upon the neo-literate in creating awareness of different avenues of life which are most important in strengthening their claims for equal rights in the society. Since Literacy and Development are very much interrelated and interdependent. Attempts have been made to integrate both in the programme formulation and implementation in order to ensure effectiveness and efficiency. With a view to ensuring the acquisition of literacy actually enable the neo-literates to participate in various process of national development, messages of basic health care with special emphasis on women must be integrated into literacy activities.

Two crucial steps for women literacy are-

- (i) Timeliness of the post literacy phase, and its completion by specifically trained volunteers with support from other development agencies.
- (ii) Special support developed through health education and skill training programmes and services to sustain interest in post literacy.

The present study is an humble endeavour to infuse health education along with literacy into the minds of neo-literate women in the age group of

15-35. The researcher has developed a curriculum on health with a view to imparting health education to neo-literate women specifically on three areas of health. They are-

- Nutrition
- General Health and Hygiene
- Different Diseases & their Remedies

These contents of learning material included issues and challenges related to the life of the neo-literate with an underlying message of changing their attitudes and empowering them. One hundred neo-literate women was the sample of the study and a primary source data was collected and analyzed in order to check the effectiveness of developed curriculum. The whole sample was administered and treated at three continuing education centres (i) Ghundi (ii) Barhara (iii) Farna of a block 'Barhara' in Bhojpur district of Bihar. The neo-literates at each centre were imparted health education through the text in the form of twenty short stories. They were as follows:

Continuing Education Centre	Number of Neo-literates
Ghundi	30
Barhara	37
Farna	33
Total	100

The content of the text comprised of stories on different areas of health in the following manner-

Content Area	Number of Stories
1. Nutrition	9
2. General Health & Hygiene	7
3. Different Diseases & their Remedies	4

With a view to assessing the health awareness of the sample a questionnaire of 28 multiple choice items framed by the researcher was treated on it and after that the neo-literates were imparted with health education through the text. Only one story was narrated and its lesson was taught everyday. The knowledge and awareness inculcated into the learner's mind was assessed through exercises.

FINDINGS:

The findings of the study were as follows-

- The first centre where the neo-literate women had comparatively sound socio economic back ground than the neo-literates of other centres, could have shown better performance in the pretest, administered for assessment of the general health awareness of the neo-literates. It was found that the neo-literates of Ghundi continuing education centre had given maximum right answers on pre-test which reflected that those who had sound socio-economic background could have sufficient time and resources to safeguard themselves from relapsing into illiteracy.
- The second centre was 'Farna' continuing Education Centre where the neo-literates had shown lowest performance on pre- test. It was due to the fact that the neo-literates of this centre belonged to comparatively low socio economic background. They do not visit the centre regularly to attend the ongoing literacy and vocational programmes. The neo-literate women had to assist her family for the attainment of their livelihood and it was why they could not have enough time to devote in education.

- The last centre was Barhara Continuing Education Centre where the neo-literate women used to visit with punctuality and sincerity. They had shown best performance on post test's. it was found that out of 9 stories on the content area-nutrition, the post test performances of the neo-literate women of Barhara Continuing Education Centre (in 8 stories) was better than the neo-literate of other two centres. It was also seen that they had achieved highest percentage scores on all the 20 post tests.
- It was found that the neo-literates of each centre had shown a positive difference between post tests and pre-test. The percentage scores of pre tests and post tests of each centre had often a marginal difference with the other two centres. It revealed that the efforts of adult educators in ensuring literacy with development were likely to be similar at each centre.
- In order to test the effectiveness of developed curriculum, a null hypothesis was assumed stating that there was no significance difference between the mean level of observations in pre test and post test of two samples of same size. By the application of Normal Test, it was found that the null hypothesis was rejected and therefore the alternative hypothesis which states that the sample mean of post tests is greater than the sample mean of pre tests was accepted. This result reflected that there was difference between pretest and post test performances of the neo-literate women and post test performance was better than the pre test performance. This difference was further verified with the application of Coefficient of Variation. Coefficient of

Variation for post test scores is less than the coefficient of variation for pre-test score. Hence, post test scores are more homogeneous than pretest scores i.e. post test performances of the neo-literate women were better than their pretest performances.

- The head of the family i.e. the husband or the father, the father in law or the mother in law generally put an objection on the outing of their women. High prejudices, myths and wrong ideas for educational attainment were still prevalent into their minds. The husbands satire on their wives and comment sarcastically. They think that the only importance of being educated is to be able to earn. Otherwise, educational attainment is meaningless. This problem was common among the neo-literates of Farna centre. The main reason behind this objection was the mean mindedness of the family head as they had an illusion that if the women of their family attained education they would suppose become superior and would be disobedient and incline towards new ventures of modern life which might be a blow to their old and orthodox cultural and traditional values.
- The researcher found that the cultural activities like regional songs, Jokes and hymens, small skit etc played an important role in creating interest among the learners and in making a successful programme.

CONCLUSION

From the above findings it was concluded that –

- The instructions imparted at adult education centre have a significant effect on health and hygiene of neo-literate women. It helps to spread

the knowledge about health care and nutrition, thereby enabling women to keep themselves and their families in better health. Enhanced functional literacy levels bring about an attitudinal change towards traditionally entrenched idea.

- Since neo-literates who have acquired basic literacy skills through Total Literacy Campaign programmes are likely to relapse into illiteracy. Therefore, different strategies for post literacy and continuing education would be evolved and should be used keeping in view the local needs and priorities of neo-literates.
- People should be motivated more and more for life long learning to improved their educational standards and ways of life.
- Neo-literate women who are the members of large families or, are the mothers of more children could save a very little time after accomplishing their household duties. Therefore, they could hardly manage to reach at the Continuing Education Centre to attend the on going programmes. Thus it can be concluded that success of family planning shall assist in ensuring the success of adult education programme.
- Not only the neo-literates, but their guardians also are required to be motivated to send their women voluntarily and deliberately to the centre of learning. The workers and co-workers associated with the continuing education centre can perform this task by establishing an intimate relationship with the guardians and providing educational accessibility to the neo-literates in a very convenient mode of learning irrespective of little pains and inconvenience to themselves.

- Non Government Organizations (NGOs) who have been striving for insuring adult literacy with development i.e. fetching basic literacy to the adult learners followed by various vocational and functional programmes, seminars and symposiums on family planning, women health and child care need to have sound financial background. The government must provide adequate funds and resources to NGOs so that they can achieve their target. The adult educators from top to bottom don't get any incentives or remunerations on time that causes low spirit and enthusiasm in fulfilling their duties.
- It was keenly observed by the researcher that the most fruitful method to make the neo-literates highly intend towards learning was to inculcate into their minds the unending and everlasting benefits of education over the immediate benefits. Thus few crucial steps in order to motivate the learners and to enhance their sincerity to attend the centre with punctuality are-
 - To define clearly the objectives of the programme.
 - To inculcate the permanent benefit of learning into the minds of the neo-literates.
 - To create interest among learners with the application of healthy entertainment using Jokes and hymns regional songs on literacy and organizing a cultural programme for few minutes with the mutual participation of the adult educators and learners.
 - To motivate the neo-literates with the message that learning has no age and it can be achieved at any stage of life.

SUGGESTIONS:

The researcher has developed a material on health education for neo-literate women in the form of short stories to make aware of the ways and skills to maintain their health. Similar materials can also be developed further on the following areas –

1. Sanitation
2. Population
3. Environmental Cleanliness
4. Environmental Pollution
5. Chronic diseases like cancer, HIV/AIDS etc.
6. Conservation of Environment
7. Family Planning
8. Food Processing & Preservation
9. Child Health Care
10. Women Empowerment
11. Women Education on preventive measures such as cessation of smoking, avoidance of obesity and increasing physical activity levels.
12. Women Reproductive Health
13. Household management and maximum utilization of Resources
14. Water Management

It was also suggested by the researcher that while developing materials for neo-literates following points must be of grave concern-

1. An intimate and objective understanding of the back ground and the environment of the neo-literates through discussion and dialogue with them.

2. The literature must help to develop scientific temper among the learners.
3. Cultural activities and entertainment are the rejuvenative and invigorative process of life. So, the materials for neo-literate should develop a taste for reading.
4. Consistency and cohesion in the presentation must be developed.
5. The socio-cultural and economic milieu of the learners must be reflected in the material.
6. The crucial role of science and technology in the development of society must form an important part of the neo-literate material.

With a view to being improvement in the life situation of the adults all those human factors which are directly or indirectly responsible to glorify their lives should be given prime importance and several studies which have application and contribution to this needy society must be pursued. The researcher has tried his level best in this regard and has suggested the following studies that can be pursued further.

1. A comparative study of male and female neo-literate with special reference to their cognitive ability and psychomotor skills.
2. A study of the effects of population education based curriculum on the health & living standards of Adult learners.
3. A comparative study of the effects of government and non-government porgrammes on the life pattern of neo-literates and illiterates.
4. A study of the causes and effects of inadequate resources available to the non-governmental organizations and other agencies for

successful implementation of continuing education programmes.

5. A comparative study of the reproductive health of men and women in relation to their socio-economic status.
6. An appraisal of the success of family planning programmes and health awareness programmes of the government and non-governmental organizations in south-east Asian Countries.
7. A comparative study of the awareness and attitude towards chronic diseases like cancer, HIV/AIDS among neo-literates and illiterates.
8. A comparative study of the health and living standards of adult learners in relation to their socio-economic status in developed and developing countries.

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APPENDICES

Appendix- I

नाम –

पति/पिता का नाम –

पंजीकरण की तिथि –

उम्र–

केन्द्र–

तिथि –

नीचे लिखे प्रश्नों के साथ चार विकल्प दिए गए हैं, आपको जो सही लगे, उनके सामने सही का चिन्ह (√) लगायें –

- (1) आप कितने दिन बाद पर कपड़े साफ करती हैं—
(क) प्रति दिन () (ख) दो दिन पर ()
(ग) सप्ताह में () (घ) पन्द्रह दिन पर ()
- (2) नाखून की सफाई जरूरी है—
(क) दस दिन पर () (ख) बीस दिन पर ()
(ग) एक माह पर () (घ) दो माह पर ()
- (3) क्या आप आँटा गूँथने से पहले हाथों की सफाई करती हैं?
(क) हाँ () (ख) नहीं ()
(ग) कभी-कभी () (घ) कभी नहीं ()
- (4) आप स्नान करना पसंद करती हैं—
(क) प्रति दिन () (ख) सप्ताह में एक बार ()
(ग) प्रति माह () (घ) अपनी सुविधा के अनुसार ()
- (5) बर्तन मांजना चाहिए—
(क) मिट्टी से () (ख) राख से ()
(ग) बालू से () (घ) सर्फ से ()
- (6) शोच के बाद हाथ की सफाई की करती हैं—
(क) मिट्टी से () (ख) साबून या सर्फ से ()
(ग) बालू से () (घ) कुछ से नहीं ()
- (7) आप भोजन करती हैं—
(क) दो बार () (ख) तीन बार ()
(ग) चार बार () (घ) एक बार ()
- (8) आप भोजन में दूध का सेवन करती हैं—
(क) प्रति दिन () (ख) कभी-कभी ()
(ग) कभी नहीं () (घ) त्योहारों में ()
- (9) आप भोजन करना पसन्द करती हैं—
(क) अकेले () (ख) परिवार के साथ ()
(ग) बच्चों के साथ () (घ) पति के हाथ ()

- (10) भोजन आप करती हैं—
 (क) समय से () (ख) किसी भी समय ()
 (ग) अनियमित () (घ) किसी के कहने पर ()
- (11) आप माँस खाती हैं—
 (क) नहीं () (ख) हाँ ()
 (ग) सप्ताह में () (घ) प्रतिदिन ()
- (12) भोजन होना चाहिए—
 (क) संतुलित () (ख) माँसाहारी ()
 (ग) शाकाहारी () (घ) इनमें से कोई नहीं ()
- (13) आप पानी पीती हैं—
 (क) तालाब का () (ख) कुँआ का ()
 (ग) कल का () (घ) नदी का ()
- (14) पीने का पानी आप रखती हैं—
 (क) अल्युमीनियम के बर्तन में () (ख) टीन में ()
 (ग) प्लास्टिक के डब्बे में () (घ) स्टील के बर्तन में ()
- (15) आप पानी पीती हैं—
 (क) केवल खाते समय () (ख) समय-समय पर ()
 (ग) प्यास के अनुसार () (घ) बहुत कम ()
- (16) कपड़ा साफ करती हैं—
 (क) नदी के पानी से () (ख) कुँए के पानी से ()
 (ग) कल के पानी से () (घ) नहर के पानी से ()
- (17) पानी पीना चाहिए—
 (क) ताजा () (ख) रखा हुआ बासी ()
 (ग) ताजा और साफ () (घ) किसी भी तरह का ()
- (18) आप भोजन बनाने के लिए किस ईंधन का प्रयोग करती हैं—
 (क) लकड़ी का () (ख) कोयला ()
 (ग) गोबर गैस () (घ) गैस ()
- (19) पेड़ लगाना चाहिए—
 (क) फल के लिए () (ख) जलावन के लिए ()
 (ग) वातावरण स्वच्छ रखने के लिए () (घ) छाया के लिए ()
- (20) गाँव में यदि धुँआ निकलने वाली चिमनी लगा दी जाए तो आप क्या करेंगी—
 (क) सरकार के पास बन्द कराने के लिए अर्जी देंगी ()
 (ख) खुद जाकर बन्द करा देंगी ()
 (ग) पंचायत में शिकायत करेंगी ()
 (घ) कुछ नहीं करेंगी ()

- (21) घर के पानी का निकास होना चाहिए—
 (क) बन्द नाली द्वारा बंद गड्ढे में ☐
 (ख) बगल के खुले जगह में ☐
 (ग) आस-पास के नदी या तालाब में ☐
 (घ) ध्यान देने की जरूरत नहीं ☐
- (22) वातावरण स्वच्छ रखने की जिम्मेदारी है—
 (क) हर नागरिक की ☐ (ख) गाँव के मुखिया की ☐
 (ग) जिला प्रशासन का ☐ (घ) किसी की नहीं ☐
- (23) खुला भोजन करने और दूषित पानी पीने से निम्न में कौन सी बीमारी हो जाती है—
 (क) हैजा ☐ (ख) मलेरिया ☐
 (ग) दमा ☐ (घ) कोई नहीं ☐
- (24) छुआ छुत से फेलने वाली बीमारी है—
 (क) चेचक ☐ (ख) खुजली ☐
 (ग) सर्दी एवं खाँसी ☐ (घ) सभी ☐
- (25) घाव हो जाने पर करना चाहिए—
 (क) खुला छोड़ देना चाहिए ☐
 (ख) साफ कपड़े से बाँध लेना चाहिए ☐
 (ग) खुद से दवा खाँ लेनी चाहिए ☐
 (घ) डॉक्टर की सलाह लेनी चाहिए ☐
- (26) बच्चों में पल्स-पोलियो का टीका आवश्यक है—
 (क) एक बार ☐ (ख) दो साल तक ☐
 (ग) पाँच साल की उम्र तक ☐ (घ) कभी नहीं ☐
- (27) कुष्ठ रोग का कारण है—
 (क) किसी पाप का फल ☐ (ख) कुष्ठ रोगी का सम्पर्क ☐
 (ग) बैक्टीरिया ☐ (घ) गंदगी के कारण ☐
- (28) मलेरिया कैसे फैलता है—
 (क) मच्छर के काटने से ☐ (ख) खटमल के काटने से ☐
 (ग) मकड़ी के काटने से ☐ (घ) चिंटी के काटने से ☐

APPENDIX - II

To

The TRAINING INCHARGE
ASIAN DEVELOPMENT RESEARCH INSTITUTE
STATE RESOURCE CENTRE (ADRI)
PATNA


Sir,

With humble request, I want your views on the Curriculum developed by me in the form of short stories with a view to impart health education to neo-literate women

I have collected primary source data in Bhojpur District (Bihar) at Block level and have imparted health education to 100 neo-literate women. My Data was collected through 'Bhor' Abhiyan, an eminent NGO in the field of adult literacy.

Please give your views on my developed curriculum. For such kind act I shall be obliged to you for ever

Yours sincerely


(Ehtesham Anwar)
Research Scholar,
Deptt. of Education,
A.M.U., Aligarh

Yours views :-

1. कहानियाँ नवसाक्षरों हेतु शानवर्द्धन एवं उपयोगी हैं।
2. कहानियों की प्रस्तुति रोचक है।
3. कहानियों में स्वास्थ्य, संतुलित भोजन आदि की प्रस्तुति से नवसाक्षरों में उत्साह आता है।
4. 'मंछे वह न जाना' कहानी में रोचक ढंग से मौखिक फलों, मौखिक आवाज आदि की उपयोगिता दिखाई गई है।
5. 'अपाहिज सोन' कहानी में बच्चों के टीकाकरण की जानकारी दी गई है।
6. कुछ भाषागत त्रुटियाँ रह गई हैं जिसे सुधारा जा सकता है।

Yours name: डॉ० रणजेन्द्र राय 'रण'

Designation: प्रशिक्षण प्रभारी, आर्यो राज्यसंस्मरण मन्दिर
परना


Signature

राज्य संसाधन केंद्र, आर्यो
बी० एस० रोड, डी० संज० कॉलोनी
पिन-बोरिंग पाटलिपुत्रा नोड, पटना-800 012

To

The...RESOURCE PERSON
.....DEEPA YATAN
.....STATE RESOURCE CENTRE
PATNA

Sir,

With humble request, I want your **views** on the Curriculum developed by me in the form of short stories with a view to impart health education to neo-literate women.

I have collected primary source data in Bhojpur District (Bihar) at Block level and have imparted health education to 100 neo-literate women. My Data was collected through 'Bhor' Abhiyan, an eminent NGO in the field of adult literacy.

Please give your views on my developed curriculum. For such kind act I shall be obliged to you for ever.

Yours sincerely


(Entesham Anwar)

Research Scholar,
Deptt. of Education,
A.M.U., Aligarh

Yours views :-

1. 'बेहोशी' कहानी संतुलित आदर पर आधारित है। कथानक और तथ्य सम्प्रेषणीय हैं। नवस्तार सहजाता से समझ सम्प्रेषित सतत शिक्षा परियोजना के लिए उपयुक्त है। परन्तु, वाक्य की लम्बाई अधिक है। छोटे वाक्य बोलत होंगे।
2. 'गुमसुम' कहानी चैचक पर आधारित है। कहानी सम्प्रेषणीय है। गागर में सगर की उपमा दीजा समी है। वाक्य विच्छाद ठीक है।
3. अन्य कहानियां भी अपने लक्ष्य की सम्प्राप्ति में सफल हैं। सीधकता से मरी पड़ी है। इसलिये आनन्दवती शिक्षण में काखर उपमण हो समी है।
- 4.
- 5.
- 6.

Yours name : AWADHESH K NARAYANA

Designation : Material Development Cell.

Awadharayan
BODHAPATAN
BIHAR STATE RESOURCE CENTRE
FOR ADULT EDUCATION
BUDDHA COLONY, PATNA-800 001, INDIA

To

The.....SECRETARY
.....'B.HOR' (NGO)
.....BHOJPUR, BIHAR

Sir,

With humble request, I want your views on the Curriculum developed by me in the form of short stories with a view to impart health education to neo-literate women.

I have collected primary source data in Bhojpur District (Bihar) at Block level and have imparted health education to 100 neo-literate women. My Data was collected through 'Bhor' Abhiyan, an eminent NGO in the field of adult literacy.

Please give your views on my developed curriculum. For such kind act I shall be obliged to you for ever.

Yours sincerely


(Ehtesham Anwar)

Research Scholar,
Deptt. of Education,
A.M.U., Aligarh

Yours views :-

1. कहानियां प्रभावकारी हैं। स्वास्थ्य के प्रति जागरूकता पैदा करेंगी।
2. इन कहानियों के माध्यम से पोषक तत्वों और खाद्य पदार्थों में उनके स्रोतों की जानकारी मिलती है। ग्रामीण महिलाओं को
3. उससे काफी लाभ मिलेगा।
कहानियों के पान और परिवेश आम जनजीवन से जुड़े होने के कारण पाठकों में उनमें प्रति रुचि होगी।
4. कहानियां रुचिकर और पढ़नीय हैं।
5. पाठक वर्ग (नवसाक्षरों) की दृष्टि से भाषा थोड़ी और सरल करनी चाहिये।
6. भाषा की यदा-कदा अशुद्धि खटकती है, उसे सुधारना चाहिए।

Yours name :

Designation :

सुनील
सचिव, 'मोर'
Signature
बोयपुर, गारा

To

The CHIEF CO-ORDINATOR
..... ASIAN DEVELOPMENT RESEARCH INSTITUTE
..... STATE RESOURCE CENTRE (ADRI)
PATNA

Sir,

With humble request, I want your views on the Curriculum developed by me in the form of short stories with a view to impart health education to neo-literate women.

I have collected primary source data in Bhojpur District (Bihar) at Block level and have imparted health education to 100 neo-literate women. My Data was collected through 'Bhor' Abhiyan, an eminent NGO in the field of adult literacy

Please give your views on my developed curriculum. For such kind act I shall be obliged to you for ever

Yours sincerely

Ehtesham Anwar
(Ehtesham Anwar)
Research Scholar,
Deptt. of Education,
A.M.U. Aligarh

Yours views :-

1. 'सीख' कहानी से नवसाक्षरों को यह जानकारी मिल सकती है कि स्वस्थ रहने के लिए सही संतुलित भोजन ही नहीं अपितु खात-पात का उचित तरीका भी आवश्यक है।
2. 'सोना ही धर्म' शीर्षक कहानी से नवसाक्षर यह जान सकेंगे कि आंगन, कान, नाक और दांतों की देखभाल स्वस्थ रहने के लिए आवश्यक है।
3. कहानियाँ नवसाक्षरों के दैनिक क्रियाकलापों से जुड़ी हैं।
4. रुझानों का अध्ययन करने से पता चलता है कि...
5. इन कहानियों से नवसाक्षर यह जान सकेंगे कि स्वस्थ रहने पर ही अच्छे जीवनशैली को प्राप्त किया जा सकता है।
6. कहानियों के साथ दिए गए अभ्यास भी उपयोगी हैं।

Yours name . P M Singh

Designation Chief Co-ordinator


Signature

राज्य ससाधन केंद्र, आदो
बी. एन. आई. डी. सी. कॉलोनी
बॉक-बॉरिंग पैटलिपुत्रा रोड, बटना-800 013

To

The... ASSOCIATE PROGRAMME
COORDINATOR
DEEPAYATAN
STATE RESOURCE CENTRE
PATNA

Sir,

With humble request, I want your views on the Curriculum developed by me in the form of short stories with a view to impart health education to neo-literate women.

I have collected primary source data in Bhojpur District (Bihar) at Block level and have imparted health education to 100 neo-literate women. My Data was collected through 'Bhor' Abhiyan, an eminent NGO in the field of adult literacy.

Please give your views on my developed curriculum. For such kind act I shall be obliged to you for ever.

Yours sincerely


(Ehtesham Anwar)

Research Scholar,
Deptt. of Education,
A.M.U., Aligarh

Yours views :- 2. देख-भाल - कहानी

1. कहानी का शीर्षक अच्छा है तथा स्वास्थ्य के मुद्दे से जुड़ा हुआ लगता है। कहानी के पात्र अच्छे चुने गए हैं। परन्तु कहानी में समाज को गंभीर की भाव नहीं थी।
 2. पोषिक स्तरों एवं सन्तुलित आहार की जानकारी महिलाओं एवं बच्चों को मिलेगी।
 3. माता पिता की जिम्मेदारी को बताया गया है परन्तु कहानी में का अंत बड़ा सरल को स्पाट सा दिया।
 4. सन्तुलित आहार सम्बन्धी गूल वॉलें समझौता की जरूरत थी। कठि शब्दों का प्रयोग कहानी को बोझ का मिलकर जा दे रहा है।
3. कहानी - आयशा बड़ी हो गई
5. कहानी बहुत ही रोचक को माल है जो मुद्दे उठाए गए हैं वे विषय वस्तु से जुड़े हुए हैं। स्टोरीबोर्ड में बना ही सम्बन्धों बनने चाहिए अच्छे ढंग से दर्शाया गया है। साफ-सफाई की बातों को स्पष्ट दिखा गया है।
 6. कहानी पूरी तरह गहराई को प्रेरित करने वाली बना जा सकती है।

Yours name : मिश्रात फादर

Designation : सहायक निदेशक, दीपायतन, राज्य साधन केन्द्र
पटना, 800001

Signature 4.2.05
'DEEPAYATAN'
BIHAR STATE RESOURCE CENTRE
FOR ADULT EDUCATION
BUDDHA COLONY, PATNA-800 001, INDIA

To

The...MATERIAL...PREPARATION INCHARGE
.....ASIAN DEVELOPMENT RESEARCH INSTITUTE
..STATE RESOURCE CENTRE (ADRI)
PATNA


Sir,

With humble request, I want your views on the Curriculum developed by me in the form of short stories with a view to impart health education to neo-literate women.

I have collected primary source data in Bhojpur District (Bihar) at Block level and have imparted health education to 100 neo-literate women. My Data was collected through 'Bhor' Abhiyan, an eminent NGO in the field of adult literacy.

Please give your views on my developed curriculum. For such kind act I shall be obliged to you for ever.

Yours sincerely


(Ehtesham Anwar)
Research Scholar,
Deptt. of Education,
A.M.U., Aligarh

Yours views :-

1. कहानियां रचनापरक हैं और प्रतुनीकरता की शैली रचक है। विशेषकर नवसाधन महिलाएं इससे अधिक आभावित हैं।
2. कहानियों की विषयवस्तु ग्राम्य समूह की आवश्यकताओं को ध्यान में रखकर तैयार की गई हैं, जो कि काफी उपयोगी हैं।
3. कहीं-कहीं ताकत लघुता भंग है और कुछ शब्द कठिन हैं। कुछ भाषागत भ्रष्टियां रह गई हैं। उन्हें सुधारा जा सकता है।
4. कहानियों को परिभाजित कर स्तर - I, II एवं III में ढाला जा सकता है।
5. ज़रूर होगा कि विटामिन, प्रोटीन, कार्बोहाइड्रेट, खनिज एवं लवण आदि का संतुलित परिचय आलाय से दिया जाए।
- 6.

Yours name: उजनी कुमार वर्मा

Designation: सामग्री निर्माण प्रभारी

Signature 
15/03/05

राज्य संसाधन केन्द्र, आद्री

बी. एच. आई. डी. सी. कॉलोनी

राज-बोर्डन वाटनिपुला रोड, पटना-800 013

To

The.....RESOURCE PERSON
.....ASIAN DEVELOPMENT RESEARCH INSTITUTE
.....STATE RESOURCE CENTRE (ADRI)
.....PATNA

Sir,

With humble request. I want your views on the Curriculum developed by me in the form of short stories with a view to impart health education to neo-literate women.

I have collected primary source data in Bhojpur District (Bihar) at Block level and have imparted health education to 100 neo-literate women. My Data was collected through 'Bhor' Abhiyan, an eminent NGO in the field of adult literacy.

Please give your views on my developed curriculum. For such kind act I shall be obliged to you for ever.

Yours sincerely

Ehtesham Anwar
(Ehtesham Anwar)

Research Scholar,
Deptt. of Education,
A.M.U., Aligarh

Yours views :-

1. कहानियां सामान्य जनजीवन की क्रिया-कलापों से एवं परिवेश से जुड़ी हैं तथा व्यक्त आभुर्ग की मानसिकता एवं रुचि से काफी सामीप्य देखती हैं।
2. कहानियां अपनी विषयवस्तु, कथासंयोजन, पात्र-व्ययन एवं परिकेश चित्रण एवं सरल शब्द प्रयोग के कारण बेहतर और सहज संप्रेषणीयता स्थापित करने में सक्षम प्रतीत होती हैं।
3. पोषण, स्वास्थ्य, रोग एवं उपचार आदि विषयों पर शिक्षण कार्यक्रमों के लिए हमें कहानियां बेहतर केस स्टडी सामग्री लिख ही सकती हैं।
4. कहानियों के लेखन में कुछ भाषाई अशुद्धियां दृष्टिगत होनी हैं जिनका निराकरण अवसिक्त है
5. कहानियों के साथ विषयानुसृत चित्रों का उद्बोधन पर अपेक्षाकृत अधिक प्रभावोत्पादक बनना सिद्ध हो सकता है।
- 6.

Yours name : अखिलेश कुमार

Designation : जूनियर ऑफिसर

आड़ी राज्य संसाधन केंद्र
पटना - 13


Signature

राज्य संसाधन केंद्र, आड़ी .
बी. एच. आई. डी. सी. कॉलोनी
बीक-बोरिंग पाटलिपुत्रा रोड, पटना-800 013

APPENDIX - 2

To

The DISTRICT INCHARGE
LIBRARY & TRAINING DEPARTMENT
'BHOR' (NGO).
BHOJPUR, BIHAR.

Sir,

With humble request, I want your views on the Curriculum developed by me in the form of short stories with a view to impart health education to neo-literate women.

I have collected primary source data in Bhojpur District (Bihar) at Block level and have imparted health education to 100 neo-literate women. My Data was collected through 'Bhor' Abhiyan, an eminent NGO in the field of adult literacy.

Please give your views on my developed curriculum. For such kind act I shall be obliged to you for ever.

Yours sincerely


(Ehtesham Anwar)

Research Scholar,
Deptt. of Education,
A.M.U., Aligarh

Yours views :-

1. कहानियों के विषयवस्तु जीवन से जुड़े हैं। यह अति-संवेदनशील हैं।
2. चूंकि कहानियों के परिवेश ग्रामीण हैं अतः उनकी भाषा भी ग्रामीण होनी चाहिये थी।
3. कहानियाँ स्वास्थ आगरकता की दृष्टि से लिखी गई हैं। ये अपने उद्देश्य में सफल हैं।
4. कहानियाँ रोचक हैं और अन्त तक पाठक की धाँची रहेती हैं।
5. कहानियों के पात्र विष्कृत अपने आल-पाल के प्रती होते हैं। इसलिए उनसे एक प्रकार का आत्मीय संबंध स्थापित होता महसूस होता है।
6. गाँधी विषयवस्तु और ग्रामीण परिवेश के वावजूद कहानियों में कहानीपन बरकरार है।

Yours name: SAGHEER REHMAN

Designation: DISTRICT INCHARGE

LIBRARY AND TRAINING DEPT.

'BHOR'

Signature

TOTAL LITERACY CAMPAIGN

BHOJ PUR (BIHAR)

स. ग. र. र. र. र.

कथाकार

M- 9835420950



APPENDIX-III

DISTRICTWISE POPULATION, LITERATES AND LITERACY RATE OF THE AGE GROUP 7 AND ABOVE BY SEX AND RURAL/URBAN AREAS : 2001, OF STATE BIHAR.

STATE/UTS/DIS TRICT	AREAS	TOTAL POPULATION				LITERATES			LITERACY RATE		
		TOTAL	PERSONS	MALE	FEMALE	PERSONS	MALE	FEMALE	PERSONS	MALE	FEMALE
West Champaran	Total		2,411,632	1,275,650	1,135,982	955,828	662,131	293,697	39.63	51.91	25.85
	Rural		2,157,477	1,140,077	1,017,400	791,904	562,208	229,696	36.71	49.31	22.58
	Urban		254,155	135,573	118,582	163,924	99,923	64,001	64.50	73.70	53.97
East Champaran	Total		3,128,398	1,656,071	1,472,327	1,193,315	830,346	362,969	38.14	50.14	24.65
	Rural		2,919,754	1,543,089	1,376,665	1,050,833	743,781	307,052	35.99	48.20	22.30
	Urban		208,644	112,982	95,662	142,482	86,565	55,917	68.29	76.62	58.45
Sheohar	Total		412,658	218,307	194,351	152,726	99,407	53,319	37.01	45.54	27.43
	Rural		395,667	209,208	186,459	145,262	94,415	50,847	36.71	45.13	27.27
	Urban		16,991	9,09	7,892	7,464	4,992	2,472	43.93	45.86	31.32

SITAMARHI	Total	2,130,599	1,125,780	1,004,819	839,086	574,344	264,742	39.38	51.02	26.35
	Rural	2,003,371	1,057,053	946,318	753,888	522,446	231,442	37.63	49.42	24.46
	Urban	127,228	68,727	58,501	85,198	51,898	33,300	66.69	75.51	56.92
MADHUBANI	Total	2,870,745	1,476,286	1,394,459	1,21,742	845,371	370,371	42.35	57.26	26.56
	Rural	2,267,224	1,421,504	1,345,720	1,149,806	806,466	345,340	41.55	56.59	25.66
	Urban	103,521	54,739	48,739	65,936	40,905	25,031	63.69	74.67	51.36
SUPAUL	Total	1,380,368	719,034	661,334	521,755	382,752	139,003	37.80	53.23	21.02
	Rural	1,307,571	680,328	627,243	478,171	354,875	123,296	36.57	52.16	19.66
	Urban	72,797	38,706	34,091	43,584	27,877	15,707	59.87	72.02	46.07
ARARIA	Total	1,675,488	880,448	795,040	585,379	409,365	176,014	34.94	46.50	22.14
	Rural	1,566,403	821,521	744,882	518,070	368,049	150,021	33.07	44.80	20.14
	Urban	109,085	58,927	50,158	67,309	41,316	25,993	61.70	70.11	51.82
KISHANGANJ	Total	1,013,565	522,409	491,156	314,389	223,586	90,803	31.02	42.80	18.49
	Rural	908,057	465,318	442,739	251,395	184,084	67,311	27.68	39.56	15.20
	Urban	105,508	57,091	48,417	62,994	39,502	23,492	59.71	69.10	48.52

PURNIA	Total	2,003,937	1,053,046	950,891	711,634	486,083	225,551	35.51	46.16	23.72
	Rural	1,818,020	951,799	866,221	578,046	405,839	172,207	31.80	42.64	19.88
	Urban	185,917	101,247	84,670	133,588	80,244	53,344	71.85	79.26	63.00
KATI HAR	Total	1,875,207	983,313	891,894	661,848	447,512	214,336	35.29	45.51	24.03
	Rural	1,691,242	884,387	806,855	527,507	367,434	160,073	31.19	41.55	19.84
	Urban	183,965	98,926	85,039	134,341	80,078	54,263	73.03	80.95	63.81
MADHEPURA	Total	1,204,237	629,238	574,999	435,774	307,496	128,278	36.19	48.87	22.31
	Rural	1,147,409	598,035	549,374	397,493	283,446	114,047	34.64	47.40	20.76
	Urban	56,828	31,203	25,625	35,281	24,050	14,231	67.36	77.08	55.54
SAHARSA	Total	1,200,165	627,395	572,770	471,449	326,498	144,951	39.28	52.04	25.31
	Rural	1,096,987	571,132	525,855	399,298	281,994	117,304	36.40	47.37	22.31
	Urban	103,178	56,263	46,915	72,151	44,504	27,647	69.93	78.10	58.93
DARBHANGA	Total	2,657,576	1,383,579	1,273,997	1,177,743	791,068	386,675	44.32	57.18	30.35
	Rural	2,430,742	1,262,523	1,168,219	1,006,179	688,927	317,252	41.39	54.57	27.16
	Urban	226,834	121,056	105,778	171,564	102,141	69,423	75.63	84.38	65.63

MUZAFFARPUR	Total	3,025,538	1,568,242	1,457,296	1,456,901	943,928	512,973	48.15	6.19	35.20
	Rural	2,725,941	1,407,307	1,318,634	1,223,101	806,000	414,101	44.87	57.49	31.40
	Urban	299,597	160,935	138,662	233,800	134,928	98,872	78.04	83.84	71.30
GOPALGANJ	Total	1,732,282	859,510	872,772	834,827	548,480	286,347	48.19	63.81	32.81
	Rural	1,624,356	803,476	820,880	766,564	506,741	259,823	47.19	63.07	31.65
	Urban	107,926	56,034	51,892	68,263	41,739	26,524	63.25	74.49	51.11
SIWAN	Total	2,176,393	1,055,944	1,120,449	1,131,962	714,522	417,440	52.01	67.67	37.26
	Rural	2,052,157	990,440	1,061,717	1,043,777	662,321	381,456	50.86	66.86	36.93
	Urban	124,236	65,504	58,732	88,185	52,201	35,984	70.98	79.69	61.27
SARAN	Total	2,631,802	1,335,199	1,296,603	1,368,741	905,398	463,343	52.01	67.81	35.74
	Rural	2,381,980	1,201,358	1,180,62	1,201,325	798,403	402,922	50.43	66.46	34.13
	Urban	249,822	133,841	115,981	167,416	106,995	60,421	67.01	79.94	52.10
VAISHALI	Total	2,189,675	1,141,856	1,047,819	1,130,514	730,841	399,673	51.63	64.00	38.14
	Rural	2,035,467	1,059,929	975,538	1,027,901	668,672	359,229	50.50	63.09	36.82
	Urban	154,208	81,927	72,281	102,613	62,169	40,444	66.54	78.88	55.95

SAMASTIPUR	Total	2,717,418	1,413,383	1,304,035	1,243,542	817,293	426,249	45.76	57.83	32.69
	Rural	2,613,632	1,357,960	1,255,772	1,164,245	770,431	393,814	44.55	56.74	31.36
	Urban	103,786	55,523	48,263	79,297	46,862	32,435	76.40	84.40	67.20
BEGUSARAI	Total	1,878,822	986,848	891,974	912,216	589,230	322,986	48.55	59.71	36.21
	Rural	1,787,749	937,964	849,785	840,458	547,247	293,211	47.01	58.34	34.50
	Urban	91,073	48,884	42,189	71,758	41,983	29,775	78.79	85.88	70.58
KHAGARIA	Total	1,007,095	536,680	470,415	418,515	279,161	139,354	41.56	52.02	29.62
	Rural	944,607	502,486	442,121	374,688	252,658	122,030	39.67	50.28	27.60
	Urban	62,488	34,194	28,294	43,827	26,503	17,324	70.14	77.51	61.23
BHAGALPUR	Total	1,973,375	1,061,793	911,582	992,218	638,226	353,992	50.28	60.11	38.83
	Rural	1,590,173	854,667	735,506	716,916	476,206	240,715	45.08	55.72	32.73
	Urban	383,202	207,126	176,076	276,297	162,020	113,277	71.84	78.22	64.33
BANKA	Total	1,285,449	676,189	609,260	557,859	380,549	177,310	43.40	56.28	29.10
	Rural	1,238,554	650,847	587,707	529,368	363,166	166,202	42.74	55.80	28.28
	Urban	46,895	25,342	21,553	28,491	17,383	11,108	60.75	68.59	51.54

MUNGER	Total	938,355	501,734	436,621	564,043	354,611	209,432	60.11	70.68	47.97
	Rural	668,757	356,965	311,792	356,799	233,051	123,748	53.35	65.29	39.69
	Urban	269,598	144,769	124,829	207,244	121,560	85,684	76.87	83.97	68.64
LAKHISARAI	Total	640,963	334,783	306,180	309,009	204,125	104,884	48.21	60.97	34.26
	Rural	543,651	282,759	260,892	249,449	167,120	82,329	45.88	59.10	31.56
	Urban	97,312	52,024	45,288	59,560	37,005	22,555	61.21	71.13	49.80
SHEIKHPURA	Total	418,802	219,190	199,612	205,234	137,116	68,118	49.10	62.56	34.13
	Rural	352,527	183,780	168,747	163,234	110,843	52,391	46.30	60.31	31.05
	Urban	66,275	35,410	30,865	42,000	26,273	15,727	63.37	74.20	50.95
NALANDA	Total	1,923,578	1,007,358	916,220	1,081,882	674,304	357,578	53.64	66.94	39.03
	Rural	1,628,454	851,616	776,838	827,261	552,506	274,755	50.50	64.88	35.37
	Urban	295,124	155,742	139,382	204,921	121,798	82,823	69.33	78.20	59.42
PATNA	Total	3,914,009	2,106,496	1,807,513	2,497,924	1,554,868	943,056	63.82	73.81	52.17
	Rural	2,211,426	1,181,030	1,030,396	1,159,573	767,573	392,000	52.44	64.99	38.04
	Urban	1,702,583	925,466	777,117	1,338,351	787,295	551,056	78.61	85.07	70.91

BHOJPUR*	Total	1,827,072	965,683	861,389	1,090,868	722,112	368,756	59.71	74.78	42.81
	Rural	1,564,648	822,839	741,809	897,094	604,344	291,750	57.34	73.57	39.33
	Urban	262,424	142,844	119,580	193,774	116,768	77,006	73.84	81.75	64.40
BUXAR	Total	1,138,175	600,517	537,658	654,309	437,298	217,011	57.49	72.82	40.36
	Rural	1,030,506	542,402	488,104	573,438	388,399	185,039	55.65	71.61	37.91
	Urban	107,669	58,115	49,554	80,871	48,899	31,972	75.11	84.14	64.52
KAIMUR (BHABUA)	Total	1,026,115	540,308	485,807	570,260	381,268	188,962	55.57	70.57	38.90
	Rural	991,129	521,147	469,982	543,062	364,776	178,286	54.79	69.99	37.93
	Urban	34,986	19,161	15,825	27,198	16,522	10,676	77.74	86.23	67.46
ROHTAS	Total	1,985,712	1,044,814	940,898	1,238,348	799,699	438,649	62.36	76.54	46.62
	Rural	1,711,579	898,566	813,013	1,032,391	676,816	355,575	60.32	75.32	43.74
	Urban	274,133	146,248	127,885	205,957	122,883	83,074	75.13	84.02	64.96
JEHANABAD	Total	1,228,632	635,800	592,832	688,428	450,803	237,625	56.03	70.90	40.08
	Rural	1,135,142	585,842	549,300	623,527	411,420	212,107	54.93	70.23	38.61
	Urban	93,490	49,958	43,532	64,901	39,383	25,518	69.42	78.83	58.62

AURANGABAD	Total	1,626,197	839,701	786,496	935,133	604,461	330,672	57.50	71.99	42.04
	Rural	1,485,910	765,709	720,201	832,971	544,076	288,895	56.06	71.06	40.11
	Urban	140,287	73,992	66,295	102,162	60,385	41,777	72.82	81.61	63.02
GAYA	Total	2,798,656	1,448,788	1,349,868	1,429,291	924,486	504,805	51.07	63.81	37.40
	Rural	2,394,074	1,232,333	1,161,741	1,117,549	740,961	376,588	46.68	60.13	32.42
	Urban	404,582	216,455	188,127	311,742	183,525	128,217	77.05	84.79	68.15
NAWADA	Total	1,462,861	753,089	709,772	692,751	461,059	231,692	47.36	61.22	32.64
	Rural	1,346,987	691,928	655,059	609,779	412,203	197,576	45.27	59.57	30.16
	Urban	115,874	61,161	54,713	82,972	48,856	34,116	71.61	79.88	62.35
JAMUI	Total	1,132,706	593,971	538,735	484,164	339,128	145,036	42.74	57.10	26.92
	Rural	1,046,472	547,814	498,658	424,553	302,243	122,310	40.57	55.17	24.53
	Urban	86,234	46,157	40,077	59,611	36,885	22,726	69.13	79.91	56.71

Source: Provisional Population and Literacy-2001 by Rural and Urban Areas, National Documentation Centre on Literacy and Population Education, Indian Adult Education Association, New Delhi.

* Bhojpur is the district where the researcher made his study.